# 201000030194

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	#)			
PICK-UP WAIT	MAIL			
(Business Entity Name	e)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				

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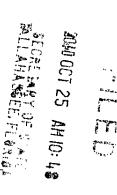
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	PATRICIA RESTREPO, II	NC.
DOCUMENT NU	JMBER:	P01000030194	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		TRICIA RESTREPO	100000000000000000000000000000000000000
	N	lame of Contact Person	
	MP	R INSTITUTE, INC.	
		Firm/ Company	
	901	CRANDON BLVD. Address	_
•		Address	
19, 19, 16 <u>2</u>	JRESTREPO@P	BISCAYNE/ FL 33140.5 (ity/ State and Zip Code  ATRICIARESTREPO.COM of for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
		at ( 305 ) 36	5-6665
	e of Contact Person	Area Code & Daytime Tele	
Enclosed is a chec	ek for the following amount n	nade payable to the Florida Departi	ment of State:
	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
		Tallahassee, FL 32301	

### Articles of Amendment **Articles of Incorporation**

#### PATRICIA RESTREPO, INC

#### P01000030194

•	Articles of Amendment	20 1
A	to Articles of Incorporation	MOC.
	of	150 PS
PATRICIA	RESTREPO, INC	of State)
(Name of Corporation as curre	ently filed with the Florida Dept.	of State)
	000030194	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Document Num	iber of Corporation (if known)	
arsuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Florida I</i>	Profit Corporation adopts the follow
. If amending name, enter the new name of	the corporation:	
MPR II	NSTITUTE, INC.	The new
hbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj.  Enter new principal office address, if app	designation "Corp," "Inc," or " fessional association," or the abb licable:	any," or "incorporated" or the Co". A professional corporation reviation "P.A."
hbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prog .  Enter new principal office address, if app Principal office address MUST BE A STREE	designation "Corp," "Inc," or "fessional association," or the abb licable: T ADDRESS)	Co". A professional corporation
thbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prog B. Enter new principal office address, if app Principal office address MUST BE A STREE  C. Enter new mailing address, if applicable:	designation "Corp," "Inc," or " fessional association," or the abb licable: T ADDRESS )  CE BOX)  egistered office address in Floric	Co". A professional corporation reviation "P.A."
thbreviation "Corp.," "Inc.," or Co.," or the same must contain the word "chartered," "programe must be address, if applicable and the same mailing address, if applicable (Mailing address MAY BE A POST OFFICE).  If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered."	designation "Corp," "Inc," or " fessional association," or the abb licable: T ADDRESS )  CE BOX)  egistered office address in Floric	Co". A professional corporation reviation "P.A."
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "programe meeting address, if applicable applicable and the second sec	designation "Corp," "Inc," or " fessional association," or the abb licable: T ADDRESS )  CE BOX  egistered office address in Floriostered office address:	Co". A professional corporation reviation "P.A."

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title <u>Name</u> Address Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,,
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action are shareholder action and shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	PATRICIA RESTREPO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)