## Po1000071384

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OROZCO & ASSO	OCIATES INC	
DOCUMENT NUMBI	ER: P01000071384		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
A	ALVARO OROZCO SR		
<del></del>		Name of Contact Persor	1
C	ROZCO & ASSOCIATES,	INC	
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
1	5306 CASEY RD	• •	
_	-	Address	
Т	TAMPA FL 33624		
_		City/ State and Zip Code	2
	F-mail address: (to be us	sed for future annual report	notification)
	D-Mail address. (to be at	ou for fatale annual report	
For further information	concerning this matter, pleas	se call:	
ALVARO J OROZCO	SR	at ( <u>813</u>	962-1733
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
	ng Address		Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

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

OROZCO & ASSOCIATES, INC	
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P01000071384	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)  D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address:	(Florida street address) . Florida
ivew negisiered Office Address.	(City) (Zip Code)
	egistered Agent:  I am familiar with and accept the obligations of the position.  The position of the position of the position of the position.  The position of the position of the position of the position.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>s</u>	JOSEFINA OROZCO	15306 CASEY RD
Add X Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
****	
<del></del>	
f an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	10/15/2016	
The date of each amendment	(s) adoption:	, if other than the
late this document was signed	•	
•	10/15/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	der
	10017	
10/15/ Dated	2016	
Daicu	About	
Signature		
Se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	ALVARO J OROZCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	