(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	ıly



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C. GOLDEN AUG - 1 2017

COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARELU	M. ESSIG P.A.
DOCUMENT NUMBER: <u>P010001005</u>	593
The enclosed Articles of Amendment and fee are submitted	I for filing.
Please return all correspondence concerning this matter to t	he following:
	MOTA ESSIE ne of Contact Person
	Firm/ Company
9024 5	U 112 CT
MIAMI Sily	FL 33170 // State and Zip Code
E-mail address: (to be used for	GMAVL-COM future annual report notification)
For further information concerning this matter, please call:	
MARELU MOTA ESSIG	at (305) 321-5479 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Ce	3.75 Filing Fee & Certificate of Status dditional copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

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	of		r	1017 1111 25	A lat 1 1 - 1
MARELUI	M. ESS	6 PA	•	1017 JUL 25	Anni - s
(Name of Corporation as of	currently filed wi	th the Florida I	Dept. of State)	Villiani Villandi	E. FLOAI
P010001005	593		3		
(Document N	umber of Corporat	ion (if known)			
Pursuant to the provisions of section 607,1006, Florida Statuts Articles of Incorporation:	tes, this <i>Florida P</i>	rofit Corporatio	n adopts theifol	lowing amendi	nent(s) to
A. If amending name, enter the new name of the corpora	tion:				
NAADELII NAATA E	SSIB P	A		T'I	
MARELU MOTA E name must be distinguishable and contain the word "con "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc., word "chartered," "professional association," or the abbrev	c," or "Co". A p				
3. Enter new principal office address, if applicable:					_
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u>		1		
					-
					-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					-
			<u></u> .	· · · · · · · · · · · · · · · · · · ·	_
					-
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 		rida, enter the	name of the		
new registered agent and/or the new registered office	address.		:		
Name of New Registered Agent			•	·	
(F)	lorida street address)			
New Registered Office Address:			Florida		
Survive Manager	(City)		1 1011 04	(Zip Code)	-
			1		
New Registered Agent's Signature, if changing Registered			et om et et et e	.•	
hereby accept the appointment as registered agent. I am fo	amiliar wiin and a	ссері іпе обида	uons oj ine posi	uon.	
			I		
Signature o	of New Registered	Agent, if changi	ng		

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 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.

X Change	<u>PT</u>	John Do	<u>e</u>		1
X Remove	<u>v</u>	Mike Jos	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_		-	<u> </u>
Add					<u> </u>
Remove					<u> </u>
2) Change					
Add		_			
Remove					·
3) Change				-	
		_			
Add					
Remove				·F.	<u>. </u>
4) Change		_			
A dd					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary). (Be specific)	
	-
	•
	
	
	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(g von approximation)	
	<u> </u>
	<u> </u>
	
	· ·

ate this document was signed.	
ffective date if applicable:	
	(no more than 90 days after amendment file date)
lote: If the date inserted in this bocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be fisted as partment of State's records.
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated 7	21/17
selecte	irecton president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)

'he date of each amendment(s) adoption: _______, if other than the

the