

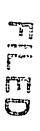
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(A	ddress)			
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R. 1420

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	CISNEROS, COM	1ANDER & ZORRILLA. P	.A.
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	CATALINA ZORRILLA		
		Name of Contact Person	1
	 	Firm/ Company	
	1501 VENERA AVENUE, S	SUITE 200	
		Address	
	CORAL GABLES, FL 3314	6	
•		City/ State and Zip Code	2
CATA	ALINA@CCZCPA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GAYLE H. COMANI	DER	at (305	669-4383
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Industry Ind	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CISNEROS, COMANDER & ZORRILLA, P.A

2019 JAN -2 PH 5: 43

(Name of Corporation a	s currently filed with the Florida Dept; of State AE
Paganga 12354	is currently filed with the Floridal Dept (of State) ATE TALL ANASSEE, FL
P02000042354	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:
COMANDER & ZORRILLA, P.A.	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
indiang dual cost <u>pages para esta ou esta constant</u> ,	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered officers.	
Name of New Registered Agent	
	(Florida street address)
Non-Deviation of Office Address	Florida
New Registerea Office Address:	
New Registered Office Address:	(City) , Florida (Zip Code)
N. D. C. Bridge	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signatur	re 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, a 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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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 Chang. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheet	additional Arti s, if necessary).	(Be specific)	·				
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						- 	
					 		
							
f an amendment pro-	da faanaa ay	hanga raalass	ification or e	ancellation o	Ficenad chares		
provisions for imples	menting the am	endment if not	contained in	the amendm	ent itself:	2	
(if not applicable	indicate N/A)	ziidii ene					
(3 // /	,						
						 	
-							
		_					
					 		
							
							
<u> </u>							

•	12/19/2018	
The date of each amendment(s) adoption date this document was signed.	n:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(t for approval.	s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statem of our continuitied to vote separately on the amendment(s):	ent
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
12/24/2018		
Dated	ra Zonilla	
(By a director	, president or other officer - if directors or officers have not been	
	n incorporator — if in the hands of a receiver, trustee, or other counciary by that fiduciary)	ırt
• •		
CAT	ALINA ZORRILLA	
	(Typed or printed name of person signing)	
VP		
	(Title of person signing)	