P03000094145

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
MAR 2 8 2022			

Office Use Only



000383288370

03/14/22=+01035=+012 **35.00

2022 MAR 14 AH 10: 57

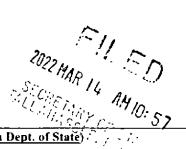
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FABIAN MUNOZ	Z, PA				
DOCUMENT NUM	P03000094145	_				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	FABIAN MUNOZ					
	Name of Contact Person					
	FABIAN MUNOZ, PA Firm/ Company					
	8125 LAGOS DE CAMPO BLVD					
	Address					
•	TAMARAC FL 33321					
		City/ State and Zip Cod	e			
	FABIANMHOMES@GMAI	L.COM				
	•	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call: 754	2342549			
		de & 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	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Address			
		Amendment Section				
		Division of Corporations The Centre of Tallahassee				
					Tallahassee, FL 32314	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



FABIAN MUNOZ, PA

(Name of Corpo	ration as currently filed with the Florida Dept. of State)
P03000094145	
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word bbreviation "P.A."
B. Enter new principal office address, if applic	able:
(Principal office address <u>MUST BE A STREET</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	
	istered office address in Florida, enter the name of the
new registered agent and/or the new registe	red office address:
Name of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	. Florida
New Negmerett Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
thereby accept the appointment as registered age	nt. I am familiar with and accept the obligations of the position.
<u></u>	ignature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example:			
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	DIANA MUNOZ	8125 Lagos de Campo B
Add			Tamarac Fl 33321
x Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			
Remove			

(Ā	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
E	rovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
_	

, 3/3/2022	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
3/3/2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	his date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by	
Dated 3/3/2027	
Signature	
(By a director, president or other officer - if directors or officers have not	been
selected, by an incorporator - if in the hands of a receiver, trustee, or other	r court
appointed fiduciary by that fiduciary)	
1195; nd 1. HUNOZ	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	