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TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: CORVICAOY, HUSSGINI & SNEAUKER P.A				
DOCUMENT NUMBER: <u>P040000 16657</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mana Contact Person				
Corredor, Husseini & snedaker P.A. Firm/Company				
3905 NW 107th AVE, SUITE 502				
Doral, Fl 33178 City/ State and Zip Code				
City/ State and Zip Code				
E-mail address! (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Maribel Fernandt 7 at (305) 670 - 1880 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S35 Filing Fee S43.75 Filing Fee Scertified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

οf

(Name of Corporation as cu	Sncdaker P.A rrently filed with the Florida Dept.	of State)
P040000		or state,
	nber of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
Corredor & Husseini, P.A.		The new
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc., word "chartered," "professional association," or the abbrevia	or "Co". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
		201
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N/A	3
		110. 08
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		of the
Name of New Registered Agent NA		
Name of New Registered Agent (VIII		
(Flor	ida street address)	
New Registered Office Address:	,	Florida
The Manager of the Mills and the Manager of the Mills and	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A		eu
I hereby accept the appointment as registered agent. I am fam	mar with and accept the obligations (of the position.
Stem	New Registered Agent, if changing	
signature oj i	vew Kegisterea Agent, ij 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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	scoretary	Tim snedaker	745 SW 159 LN
Add			Pombroke Pines, F1 33027
Kemove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NIA	
IV I	
	·
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	
NA	

The date of each amendment(s) adopti	ion: 7/25/19	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing require nent of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes cast for the ent for approval.	e amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The folion is voting group entitled to vote separately on the amen	lowing statement idment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action a	and shareholder
	by the incorporators without shareholder action and s	shareholder
action was not required.	Λ	
Dated 7 [12]	19 01/1/	
Signature(By a direct	or, president or other officer - if directors or officers	have not been
selected, by	an incorporator – if in the hands of a receiver, trustee	
appointed f	iduciary by that fiduciary)	
	Maria E Corredor	
	(Typed or printed name of person signing)	
	President	
_ 	(Title of person signing)	