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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: Cynthia Z. Hernando                     | ez & Associates, PA  |  |
|--|--|--|--|
| DOCUMENT NUMB  |  |  |  |
|  | of Amendment and fee are sub                   | omitted for filing.  |  |
| Please return all corres   | pondence concerning this matt                  | ter to the following:  |  |
|  | Cynthia Zuniga Roque, Esq.                     |  |  |
|  | Cynthia Zuniga Roque, PA                       | Name of Contact Person   | _  |
|  | Cymna Zanga Roquet                             | Firm/ Company  |  |
|  | 1885 NW N River Drive                          |  |  |
|  | Miami, FL 33125                                | Address  |  |
|  |  | City/ State and Zip Code   | <u> </u>   |
| cynth<br>  | nia@cynthiafamilylaw.com                       | sed for future annual report                                       | notification)  |
|  | on concerning this matter, pleas               |  | 529-0228   |
| Cynthia Zuniga Roque, Esq.   |  | at (at (   | ) 529-0228<br>de & Daytime Telephone Number  |
|  | of Contact Person or the following amount made |  |  |
| S35 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)       |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Ameno<br>Divisio<br>Cliftor<br>2661 I                              | Address  Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

Cynthia Z. Hernandez & Associates, PA. (Name of Corporation as currently filed with the Florida Dept. of State) P04000108173 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Cvnthia Zuniga Roque, PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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, 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: XChange              | <u>PT</u>    | John Doe    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(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                        |              |             |                 |

|  | icles, enter change(s) here:<br>(Be specific)               |              |
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| If an amendment provides for an ex   | change, reclassification, or cancellation of issued shares, |              |
| provisions for implementing the an (if not applicable, indicate N/A)   | nendment if not contained in the amendment itself:          |              |
| All not applicable, maleure (MA)   |   |              |
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| The date of each amendment(s) adoption:, if other than th  |
|--|
| date this document was signed.   |
| 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, this date will not be listed as the document's effective date on the Department of State's records.   |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| October 19, 2017   |
| Dated  |
| Signature (In) (091)   |
| (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 court  |
| appointed fiduciary by that fiduciary)   |
| Cynthia Zuniga Roque   |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |

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