P05000011020

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>AIDA DIAZ-SILV</u>	EIŖA, P.A.		
DOCUMENT NUMB	ER: <u>P05000011020</u>			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
		Bianca Antunez	:	
•		Name of Contact Perso	n	
	Alvarez & Diaz-Silveira LLP			
•	Firm/ Company			
	355 Alhambra Circle Suite 1450			
	Address			
	Coral Gables, Florida 33134			
	City/ State and Zip Code			
		DANITH NITTO A DOLL	D.COM	
	E-mail address: (to be u	BANTUNEZ@ADSLI sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
	Bianca Antunez	at (305)_740-1959	
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	artment of State:	
⊠ \$35 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		· · · · · · · · · · · · · · · · · · ·	Address	
	ndment Section sion of Corporations	Amendment Section		
	Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AIDA DIAZ-SILVEIRA, P.A.

	nas currently filed with the Florida	Dept of State)			
(Docume		bept. of title			
(Docume	P05000011020				
	nt Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporat	ion adopts the fo	ollowing ame	ndme	nt(s)
A. If amending name, enter the new name of the corp	poration:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc." or "Co". A professional co	corporated" or orporation name	the abbrevi	new iation in the	!
B. Enter new principal office address, if applicable:	arec \				
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(E.S.S.</u>)		, 12	<u>ي</u>	
			170001		(2 ·
C. Enter new mailing address, if applicable:				٥	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>					-
				<u>:</u>	, .
) :6	
D. If a manufication the analysis and a section and the section	al office oral constant the filterial constant services.	CAL-	`	9	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		e name of the			
Name of New Registered Agent	Albert Diaz-Silveira				
	355 Alhambra Circle, Suite	1450			
	(Florida street address)				
	Coral Gables	. Florida	33134		
New Registered Office Address:					

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 Evecutive 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 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
i) X Change	<u>DP</u>	Aida E Diaz-Silveira	355 Alhambra Circle Suite 1450
Add			Coral Gables, FL 33134
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s

The date of each amendment(s) adoption:date this document was signed.	, if other than the
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through was the separately provided for each voting group entitled to vote s	
"The number of votes east for the amendment(s) was/were suff	icient for approval
by(voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without staction was not required.	narcholder action and shareholder
Dated 9-27-19	
6 6	•
Signature	
(By a director, president or other officer - i	
selected, by an incorporator – if in the hand	is of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Aid I	sizz-Silveira
(Typed or printed name	of person signing)
Dice	ctor
(Title of per	son signing)