P05000034722

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: ISABEL A. FONTANEAU, P.A.				
DOCUMENT NUMBER:	P05000034722				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
_	ISABEL A. OTERO				
	Name of Contact Person				
	Firm/Company 2.0. Box 831346				
<u>_</u>	0.0. Box 831346 liami, FL 33283				
	City/ State and Zip Code I AOTERO @ i CLOUD. COM				
E-mail address: (to be used for future annual report notification)					
For further information conce	rning this matter, please call:				
ISABEL () TERO at (305) 305-5200				
Name of Cont	act Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	Amendment Section Corporations Division of Corporations Clifton Building				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

ISABEL A. FONTANEA	U, P.A
(Name of Corporation as currently filed with the F	
P05000034722	
(Document Number of Corporation (if	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation: TSABEL A. OTERO,	P.A The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8240 MILLS DR. Miami, FL 33183
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 831346 Miami, FL 38283
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent ISABEL A.	OTERO
New Registered Office Address: Manual City Page 18240 Mil Page 1824	LS DR. pet address) , Florida 33183 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I are familiar w	vith 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 <math>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	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSTD	ISABEL A. OTERO	
X Add			llipmi, FL 33189
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	PSTD	ISABEL A. FONTANEDU	1884 SW 80ter
Add			Mismi, FL 33183
X Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
···	
an amendment provides for an evol-	ange realessification on agreellation of issued shares
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ange, reclassification, or cancellation of issued shares, and and and an endment itself:

The date of each amendment(s) adoption: 4/12/13
Effective date if applicable: 4/12/13
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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.
Dated 4 12 13
Signature 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 court appointed fiduciary by that fiduciary)
ISABEL A. OTERO
(Typed or printed name of person signing)
PRESIDENT
(l'itle of person signing)