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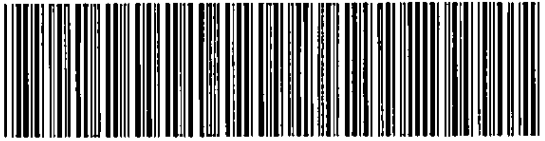
(Business Entity Name)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JULIA VICTORIA PINZON P.A.

DOCUMENT NUMBER: PO5000047252

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTORIA PINZON

Name of Contact Person

JULIA VICTORIA PINZON P.A.

Firm/ Company

3020 NW 125th AVE UNIT 301

Address

SUNRISE FLORIDA 33323

City/ State and Zip Code

jvictoriapinzon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA PINZON

at ( 954 ) 655-8706  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

JULIA VICTORIA PINZON P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

PO5000047252

(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:**

VICTORIA PINZON, P.A.

*The new 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:

(City)

Florida

(Zip Code)

**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*

**Check if applicable**

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

FILED  
2023 APR 17 AM 10:07  
SECRETARY OF STATE

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3 ) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
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4) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

ARTICLE VII: (AMENDED) CHANGE JULIA V PINZON TO VICTORIA PINZON  
TITLE REMAIN THE SAME (PVST)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: 04/14/2023, if other than the date this document was signed.

Effective date if applicable: 04/14/2023  
(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) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 04/14/23

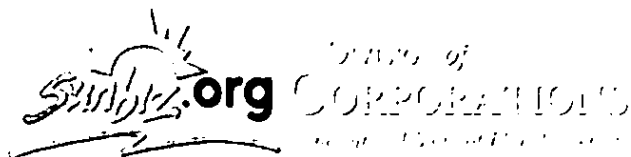
Signature Victoria Pinzon  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

**VICTORIA PINZON**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PVST**

\_\_\_\_\_  
(Title of person signing)



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## Detail by Entity Name

Florida Profit Corporation

JULIA VICTORIA PINZON, P.A.

### Filing Information

Document Number	P05000047252
FEI/EIN Number	20-2596287
Date Filed	03/30/2005
Effective Date	03/30/2005
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	10/20/2005
Event Effective Date	NONE

### Principal Address

3020 NW 125TH AVE.  
APT 301  
SUNRISE, FL 33323

Changed: 09/28/2018

### Mailing Address

3020 NW 125TH AVE.  
APT 301  
SUNRISE, FL 33323

Changed: 09/28/2018

### Registered Agent Name & Address

PINZON, VICTORIA  
3020 NW 125TH AVE.  
APT 301  
SUNRISE, FL 33323

Name Changed: 04/29/2013

Address Changed: 05/01/2019

### Officer/Director Detail

#### **Name & Address**

Title PVST

PINZON, VICTORIA  
 3020 NW 125TH AVE.  
 APT 301  
 SUNRISE, FL 33323

Annual Reports

Report Year	Filed Date
2020	06/08/2020
2021	04/24/2021
2022	04/18/2022

Document Images

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