POLODO 127960

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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I ALBRITTON

COVÉR LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lillian Carolina Otero P.A.					
DOCUMENT NUMBER:		P0400012	27940		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Lillian Carolina Gouverneur				
•	Name of Contact Person				
	Firm/ Company				
	6517 Colomera Dr.				
•	Address				
_	Boca Raton Fl. 33433				
		City/ State and Zip Cod	e		
Cofford Aproperties & GNAL. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Lillian Carolina Gouverneur		at (561	929-0764		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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	□\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

of

انا انا	IAN CAPOLINA OTE	RO PA	
(Name	of Corporation as currently fi	iled with the Florida Dept. of State)	
VOC	200012	1940	
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
Lillian Carolina Gouverneur P.A.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corporation name mu	abbreviation
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		. ,
	•		3 ``
			 -
C. Enter new mailing address, if apple			77, =
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		30
	-		<u>; </u>
			<u> </u>
D. If amending the registered agent an	ud/or registered office address	in Florida, enter the name of the	~·
new registered agent and/or the new		m rottom enter the name of the	
Name of New Registered Agent	Lillian Carolina Gouverneur		
	6517 Colomera Dr		
	(Florida street e	address)	
New Registered Office Address:	Boca Raton	. Florida	3
the regime a vigice trades.	ıCı		(ip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligations of the position	n
the state of the s	in the large of th	and accept the orangement of the position	···
	Carlore		
	Signature of New Regi.	stered 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				-
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		- -	-	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	 .
	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у пол аррисале, такае мл.)	

The date of each amendment date this document was signed		, if other than the
-	- 01/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. <i>The following state</i> ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required. The amendment(s) was/wei	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	lder
	1/24/19 Canfore	
(F	By a director, president or other officer – if directors or officers have not becelected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed tiduciary by that tiduciary)	
	<u>Lillian Carolina Gouverneur</u>	
	(Typed or printed name of person signing)	
	President.	·
	(Title of person signing)	