P070000 3103

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(Address)	
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Reinier Acevedo,	P.A.		
	BER: P07000031103	77.14		
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	Reinier Acevedo			
		Name of Contact Perso	n	
		Firm/ Company		
	281 NW 127 Ave			
	Minni Pt 22102	Address		
	Miami, FL 33182	City/ State and Zip Cod	e	
Reve	ieracevedo@yuhoo.com	, , , , ,		
	- -	sed for future annual report	notification)	
	on concerning this matter, pleas		1170007	
Reinier Acevedo	10000	at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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 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

FILED

18 HAY 14 AH 10: 35

Reinier Acevedo, P.A.

SECRETARY OF STATE

(Name of Corporation as currently	filed with the Florida Dept. of State)
P07000031103	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6950 SW 40 ST Miami, FL 33155
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6950 SW 40 ST Miami, FL 33155
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of Nove Re	gistered 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.

X Change	<u>PT</u> <u>Jo</u>	hn Doc		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	Р	Reinier Acevedo	281 NW 127 AVE	
Adđ			Miami, FL 33182	
L_Remove				
2) Change	CEO	Reinier Acevedo	281 NW 127 AVE	
xAdd			Miami, Fl 33182	
Remove				
3) Change	P	Michel Acosta	6950 SW 40 ST	
x Add			Miami, FL 33155	
Remove				
4) Change	·			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			-	
Remove				

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		_4:	.11 - 41 # 1 .		
an amendment provides for an exch rovisions for implementing the ame	nange, reciassific	ation, or cance ntained in the	amendment itse	a snares, Mr	
(if not applicable, indicate N/A)					
					
			-		
		_	_		_
				<u> </u>	
			.		

٠	. 05/10/2018	
	The date of each amendment(s) adoption:	, if other than th
	05/10/2018 Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment fil	e date)
	Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
	Adoption of Amendment(s) (CHECK ONE)	
	■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
	☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
	"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 action was not required.	and shareholder
	☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	sharcholder
	Dated	
	Signature	
	(By a director, president or other officer—if directors or officers selected, by an incorporator—if in the hands of a receiver, truste	
	appointed fiduciary by that fiduciary) REANIER ACEV	()
	(Typed er psinted name of person signing)	`
	President.	
	(Title of person signing)	