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## **COVER LETTER**

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TO: Amendment Section				
Division of Corporati	ons			•
NAME OF CORPORAT	ION: APPRA	isal Rese	unh Center	- In Elle
DOCUMENT NUMBER	: P080 C	000 31968	<del></del>	<b>\$</b> -
The enclosed Articles of A	mendment and fee are so	abmitted for filing.		
Please return all correspon	dence concerning this ma	atter to the following:		
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		Name of Contact Person	1	
r <del>/ l</del>	PPRAHSAI	Name of Contact Person  Ples earch  Firm/ Company	when, inc	
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Ll	LEONA	ME HICC	miami. Net	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information con	ncerning this matter, plea	se call:		
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huis Her	2 Min	305	1773-65-4	<i>a</i>
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number	<del>-</del>
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
L JJJ i mig i cc	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
Mailing	Address	Street	Address	
Amendn	nent Section	Ameno	lment Section	
Distriction	of Corporations		on of Corporations	
	k 6327 see, FL 32314		Building excutive Center Circle	
i i Langalias		±001 €	ACCURATE CONTROL CHEEK	

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation (Name of Corporation as current) 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: 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VS	Lee Smakey	
Add			
X Remove			
2) Change	_D_	IVAN GUERRA	
Add			<del></del>
X Remove			
3 ) Change		<del></del>	
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
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	adding additional A al sheets, if necessary,	). (Be specific)				
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	nt provides for an ex	change, reclassi	fication, or cance	llation of issued	shares.	
an amendmer	implementing the an	nendment if not	contained in the	amendment itse	lf:	
provisions for						
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provisions for	nedole, marcale (MA)					

The date of each amendment(s) add date this document was signed.	ption:		, if other than the
Effective date if applicable:			
	(no more tha	an 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		oplicable statutory filing requirements, this.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suff		The number of votes east for the amendm	ent(s)
		through voting groups. The following stad to vote separately on the amendment(s):	lement
"The number of votes cast fo		• •	
by		···	
	(voting group)		
The amendment(s) was/were adop action was not required.	ted by the board of direct	tors without shareholder action and shareh	older
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators v	without shareholder action and shareholde	г
Dated	30 17	1/1/2	
Signature	1	1//	
		officer – if directors or officers have not b n the hands of a receiver, trustee, or other	
	d fiduciary by that fiducia		
_	Luis LL	EONANT	
		ted name of person signing)	
_	Presic		
	(Ti	itle of person signing)	