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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NEURA ENGINEERING, P.A DOCUMENT NUMBER: P08000068337 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN D VILLEGAS Name of Contact Person Firm/ Company 1800 BAYSHORE DR APT, 4109 Address MIAMI, FL 33132 City/ State and Zip Code JOCOCO82@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN D'VILLEGAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Hilling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEURA ENGINEERING, P.A.

FILED

	,
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P0800 0 068337	2018 JUL I I P ₩ 63
(Doo	•••
) (Bot	rument Number of Corporation (if known) ARY OF STATE
rsuant to the provisions of section 607.1006. Flor	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
Articles of Incorporation:	to the state of th
1	
If amending name, enter the new name of the	corporation:
1	
	The new
ime musi ne uisunguisnanie una coniain ine w	vord "corporation," "company," or "incorporated" or the abbreviation or "Inc." or "Co". A professional corporation name must contain the
ord "chartered," "professional association," or to	
The Charlesea, projessional association, or a	ne unovertation - r.A.
Enter new principal office address, if applicat	ble:
Principal office address MUST BE A STREET A	
Enter now mailing address if analisable	
Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE I	ROV:
(174 day 2.55 day 2.5	
)	
	. 1.85 (1. 2.19.1)
new registered agent and/or the new registered	stered office address in Florida, enter the name of the
Tegritere agent and with the new registers	ed office address.
Name of New Registered Agent	
l l	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zıp Code)
¥	,
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ew Registered Agent's Signature, if changing R	Registered Agent:
nereny accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	ignature of New Registered Agent, if changing
1	The state of the s

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:

 $P = President; V \cap Vice President; T \cap Treasurer; S = Secretary; D = Director; TR = Trustee; C \cap Chairman or Clerk; CEO \cap Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>P.L.</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	VP	NELLY URIBE	1800 BAYSHORE DR APT 4109
X Add			MIAMI, FL 33132
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Remove		•	
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. <u>If an</u>	nending or adding additional Artic	cles, enter change(s) here:
(Atta	ch additional sheets, if necessary).	(Be specific)
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F. <u>If an</u>	amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>pro</u>	Visions for implementing the amen	idment if not contained in the amendment itself:
	if not applicable, indicate N/A)	
N/A		
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	06/15/2018	
	amendment(s) adoption:	, if other than th
ate this document	-	
ffective date <u>if a</u>	06/15/2018	
<u></u>	(no more than 90 days after amendment file date)	
ote: If the date ocument's effecti	inserted in this block does not meet the applicable statutory filing requirements, this date will ve date on the Department of State's records.	II not be listed as th
doption of Ame	ndment(s) (<u>CHECK ONE</u>)	
The amendmen by the sharehold	at(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lders was/were sufficient for approval.	
	it(s) was/were approved by the shareholders through voting groups. The following statement itely provided for each voting group entitled to vote separately on the amendment(s):	
The num	nber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
i i	(voting group)	
action was not r	it(s) was/were adopted by the incorporators without shareholder action and shareholder	
1)	·	
Į .	Dated 7/6/70/8 Signature Sisself	
	Dated 77 67	
i	Sincela	
∦ :	Signature (By a director, president or other officer – if directors or officers have not been	
	(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)	
	JUAN D VILLEGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
l l	(Title of person signing)	