P0900030469

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DEC 11 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: JOSE G. DOCUMENT NUMBER: P09000030	OLIVEIRA P./ 9469	Α.
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Jose G. Olivei	ra	
Jose G. Olivei	Name of Contact Person ra P.A.	1
	Firm/ Company	
P.O. Box 2449	9	
	Address	
Orlando, FL 3		
	City/ State and Zip Code	e
ioco@olivoirolov	firm com	
jose@oliveiralaw		
E-mail address: (to be t	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Jose G. Oliveira	at (321	, 445-9458
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Street	Address
Amendment Section		Iment Section
Division of Corporations	Divisio	on of Corporations
P.O. Box 6327		Building
Tallahaccee Fl 32314	2661 E	vocutivo Center Circle

Tallahassee, FL 32301

	Articles of Amendment	FILED	
	to Articles of Incorporation of	14 DEC -8 PM 2: 10	
JOSE G. OLIVEIRA, P.A.		A RELEVENIAN	
(Name of Corporation as currently	filed with the Florida Dept	t. of State	-
P09000030469		*ia	_
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Pro	fit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co". A pre	iny," or "incorporated" or the of ofessional corporation name must	bbreviation contain the
B. Enter new principal office address, if applical	33 E	E. Robinson St,	
(Principal office address MUST BE A STREET A		215.	_
	Orla	ndo, FL 32801	_
	Ona	1140, 1 L 02001	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	P.O.	Box 2449	
(Manning dual case MANA DE MANAGE L		ndo, FL 32802	_
			_
D. If amending the registered agent and/or registered agent and/or the new registered		ida, enter the name of the	
Name of New Registered Agent		<u> </u>	
33 E	. Robinson St,	Ste 215	
	(Florida street address)		
New Registered Office Address: Orlar	ndo	, Florida 32801	_

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.

(City)

(Zip Code)

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>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		•
Add				
Remove				

ttach <i>additional sl</i>	ding additional Art heets, if necessary).	(Be specific)			
.,					
				· · · · · · · · · · · · · · · · · · ·	
	·				
				<u> </u>	
an amendment p	orovides for an exc	hange, reclassif	ication, or canc	<u>ellation of issue</u>	l shares,
rovisions for imp	plementing the amouble, indicate N/A)	endment if not o	ontained in the	amendment itse	<u>elf:</u>
(ij noi appaca	ote, marcure 1471				
					<u> </u>

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_12/04/20	114	
Signature		
selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Jose G. Oliveira	
•	(Typed or printed name of person signing)	**************************************
	President	
	(Title of person signing)	