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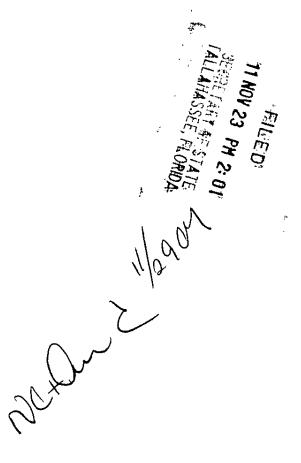
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COVER LETTER

TO: Amendment Section
Division of Corporations

		,	
NAME OF CORPORATION: Angel Daniel Barr	eiro, P.A.		 ,
DOCUMENT NUMBER: P09000037298	· :	· .	· ·
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Angel Barreiro			
	ame of Contact Person		- .
Angel Daniel Barreiro, P.A.			 -
,	Firm/ Company		
15599 Sw 63rd Ter			
	Address		
N4:::FI 22102		•	
Miami, Fl 33193	ty/ State and Zip Code		
	,		
angel@thebarreirorealtyteam.com	· · · · · · · · · · · · · · · · · · ·		
E-mail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, plea	se call:		
Angel Barreiro	at (305) 382-3105	
Name of Contact Person		de & Daytime Telephone	Number
	•	, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for the following amount made	payable to the Florida Dep	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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301	•

Articles of Amendment to Articles of Incorporation of

Florida Dept. of State)	
(if known)	
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12925 Sw 132 St	<u> </u>
Suite 5-B	12.5
Miami, Fl 33186	7 3
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15599 Sw 63rd Ter	のでぬり
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Miami, Fl 33193	· · · · · · · · · · · · · · · · · · ·
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5-B street address), Florida 3	(Zip Code)
	Suite 5-B Miami, Fl 33186 15599 Sw 63rd Ter Miami, Fl 33193 Idress in Florida, enter the nam

If AMEN	DING the Offi	cers and/or Directors, ple	ease list all	officers/dir	ectors of the cor	poration as you no	w want
(Our data additional	ibase can index	ndicate the title(s), name a up to 6 officers/directors.	and address If you hav	for each of e more tha	fficer/director. n 6 officers/direc	tors, please list thei	n on an
Title(s)		Name		Add	ress		
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2)	· · ·		 			<u> </u>	_
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6)							
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If REMO	VING an office	er and/or director, please l	list the title(s) and nam	e of the officer/d	irector to be remov	ed:
Title(s)	Name			le(s)	Name		
	Name				<u>ivanic</u>		
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If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		-			
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(if not applicable, indicate N/A)	
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ne date of each amendment(s) adoption:	
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(no more than 90 days aft	'er amendment file date)
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loption of Amendment(s) (CHECK ONE)	
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voti	
must be separately provided for each voting group entitled to vote sepa	rately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by	."
(voting group)	
The amendment(s) was/were adopted by the board of directors without	shareholder action and shareholder
action was not required.	•
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The amendment(s) was/were adopted by the incorporators without share action was not required. Dated Signature (By a director, president or other officer – if diselected, by an incorporator – if in the hands of	rectors or officers have not been f a receiver, trustee, or other court

(Title of person signing)