## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000000 Phone

: (305)670-1991

Fax Number

: (305)670-1993

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Corporate Filing Menu

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C. GOLDEN

To:

Fax: (850) 617-6380

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05/14/2019 10:45 AM

FILED

Articles of Amendment to 2019 HAY 14 AM 9: 29

filed with the Florida Dept. of State)
Corporation (if known)
arida Profit Corporation adopts the following amendment(s) to
The new
" "company," or "incorporated" ar the abbreviation  ". A professional corporation name must contain the  A."
s in Florida, enter the name of the
oddress)
ocidress)

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:

To:

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 Y. There is a change, Mike Jones leaves the corporation, Sully 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	PT Jo	hn Dae	
X Remove	<u>v</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>sv</u> <u>S</u> a	Hy Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	FERNANDEZ, HECTOR	2937 SW 27th AVe
Add			Suite 202
X Remove			MIAMI, FL 33133
2) Change	Р	SERGIO CUCCHIARA	2937 SW 27AVE
X Add			SUITE 202
Remove			MIAMI FL,33133
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From: Paola Sanchez Fax: 17864757424 To:

Fax: (850) 617-6380 Page: 5 of 6 05/14/2019 10:46 AM

Mach addiliona	dding additional , l sheets, if necessar	y). (Be specif.	ic)			
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provisions for i	t provides for an emplementing the a cable, indicate N/A	mendment if n	ssification, or can ot contained in th	ncellation of issues amendment i	ied shares, isolf:	
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05/14/2019 10:46 AM

Fax: 17864757424

To:

The date of each amendment(s) adoption: \_\_\_ \_\_\_\_\_, if other than the date this document was signed. liffective date if applicable: (no more than 90 days ofter amendment flie date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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 amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 (voting group) ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. MAY 14 2019 Signature (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) FERNANDEZ, HECTOR (Typed or printed name of person signing)

(Title of person signing)