# P09000082786

| . (Requestor's Name)                    |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| ·                                       |

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Append.

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION:              |  | Mirta Amori-Freire, P.   | <b>A</b>   |
|-----------------------------------|--|--|--|
| DOCUMENT NUMBER:                  |  | P09000082786   |  |
| The enclosed Arti                 | cles of Amendment and fee                    | are submitted for filing.  |  |
| Please return all c               | orrespondence concerning th                  | is matter to the following:                                      |  |
|                                   | _  | Juan M Freire  |  |
| •                                 | , 1  | Name of Contact Person.  |  |
|                                   | Mir  | ta Amori-Freire, P.A.  |  |
| -                                 |  | Firm/ Company  |  |
| 610                               |  | 610 NW 97 Place  |  |
| Address                           |  | <del></del>  |  |
|                                   |  | Miami, Fl 33172  |  |
|                                   |  | City/ State and Zip Code   |  |
|                                   | amorifi                                      | reire@gmail. com<br>ed for future annual report notification)    |  |
|                                   | E-man address. (to be use                    | ed for future aimual report notification)                        |  |
| For further inform                | ation concerning this matter                 | , please call:   |  |
| NI                                |  | at ( <u>305</u> ) 2  | •  |
|                                   | e of Contact Person                          | Area Code & Daytime Te   | •  |
| Enclosed is a chec                | k for the following amount r                 | made payable to the Florida Depar                                | tment of State:  |
| \$35 Filing Fee                   | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Z\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section |  | Street Address Amendment Section                                 |  |
| Division of Corporations          |  | Division of Corporations   |  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of

### Mirta Amori-Freire, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P09000082786

(Document Number of Corporation (if known)

| amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name  |                                       |                              |             |
|--|---------------------------------------|------------------------------|-------------|
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr | ne designation "Corp," "Inc,          | " or "Co". A professional c  |             |
| B. Enter new principal office address, if ap<br>(Principal office address MUST BE A STRE   |                                       | STORE IAN                    | 09 NOV 20   |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF   |                                       | SEE, FLORIA                  | AM 9: 25    |
| D. <u>If amending the registered agent and/or</u><br>new registered agent and/or the new reg                                       | gistered office address:              | Florida, enter the name of t | <u>he</u>   |
| Name of New Registered Agent:  | Juan M Freire                         |                              |             |
| New Registered Office Address:   | 610 NW 97 Place<br>(Florida street ad | ddress)                      |             |
|  | Miami                                 | , Florida <u>3317</u>        | 2           |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered   |                                       | -                            | e position. |

Page 1 of 3

## 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)

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                        | Type of Action                                |
|--------------|---|---------------------------------------|---|
| <u>P</u>     | Mirta Freire  | 610 NW 97 PI<br>Miami. Fl 33172       |   |
| ,——          |   |                                       |   |
|              |   |                                       | _ = _   |
|              | ing or adding additional Articles, ent<br>ditional sheets, if necessary). (Be spe<br>eire P/S 100% Shares |                                       | 3172  |
|              |   |                                       |   |
|              |   |                                       |   |
|              |   |                                       |   |
|              | endment provides for an exchange, r   |                                       |   |
|              | et applicable, indicate N/A)  | n not contained in the amendmen       | <u>                                      </u> |
|              |   |                                       |   |
|              |   |                                       |   |
|              |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |

| The date of each amendment                           | (s) adoption: 11/18/09   |
|--|--|
| •  | (date of adoption is required)   |
| 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/web by the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.   |
|  | re approved by the shareholders through voting groups. The following statement d 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   |
| by   | ."   |
| •  | (voting group)   |
| action was not required.                             | re adopted by the board of directors without shareholder action and shareholder  |
|  | re adopted by the incorporators without shareholder action and shareholder   |
| action was not required.  Dated Mian                 | ni, November 18, 2009  |
| Signature  |  |
| sele   | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | Juan M.Freire  |
|  | (Typed or printed name of person signing)  |
|  | President  |
|  | (Title of person signing)  |