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SECRETARY OF STATEMS DIVISION OF CORPORATIONS

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COVER LETTER

SEGNETARY OF STRIFFORE STR TO: Amendment Section Division of Corporations NAME OF CORPORATION: Luisa F. Rengifo, P.A. P0000010890 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luisa Rengifo Name of Contact Person Firm/ Company 2200 N. Commerce Pkwy., Suite 200 Address Weston, FL 33326 City/ State and Zip Code luisar@luisalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luisa Rengifo Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Luian E Dangifa DA	•	of	16 HA 2 FA Linguista Control of the
Luisa F. Rengifo, PA			1 0
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)	英 縣
	- Y 1000000	0890	27
	(Document Number	of Corporation (if known)	
	•		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the fol	lowing amending
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or		
B. Enter new principal office address,	if applicable:	2200 N. Commerce Pkwy	
(Principal office address <u>MUST BE A S</u>		Suite 200	
		Weston, FL 33326	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2200 N. Commercy Pkwy	
		Suite 200	
		Weston, FL 33326	
		dress in Florida, enter the name of the	
new registered agent and/or the ne		<u>:ss:</u>	
Name of New Registered Agent	Luisa F. Rengifo		
	2200 N. Commerce Pkw	ry, Suite 200	
	(Florida :	street address)	
	Weston, FL	_, , , 33	326
New Registered Office Address:		(City), Florida	(Zip Code)
		(City)	(Lip Coile)
N D - 1-4 1 A 41- C1 4 1C -	h Danistanad Amer	-A.	
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the posi	ition
r nereby accept the appointment da regis.	crea ageni. Tum jumina	Thin and accept the obligations of the posi-	non.
	<u></u>		
	1/2	7-	
	- /cmg/	Positional Association in Color	
	Signature of New	Registered Agent, if changing	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) X Change	P	Luisa F. Rengifo	2200 N. Commerce Pkwy
Add			Suite 200
Remove			Weston, FL 33326
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	' (Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Adment if not contained in the amendment tisets.

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as th
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	
by"	
(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.	
03/18/2016 Dated	
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)	
Luisa F. Rengifo	
(Typed or printed name of person signing)	
President	

(Title of person signing)