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TALL FRIENDS STATE STATE ORIDA

Amend + Nanu Change

'APR 2 8 2014

T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Delgado & OHIZ, P.A. DOCUMENT NUMBER: Pl 00 000 37427
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Delgado Name of Contact Person
Delgado & Oitiz, P.A.
P.O. Box 4065
Miami Lakes FL 33014
City/ State and Zip Code Molgado 09@a0. Com E-mail address: (tg be used for future annual report notification)
For further information concerning this matter, please call:
Michael Delgado at 305, 632-2811
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles	οf	Incor	nora	tion
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Delando & DAIZ P.A.	14 APR 16 PH 12: 50
Name of Corporation as currently filed with the Flo	rida Dept. of State)
P10000037427	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Deloado legal P. A name must be distinguishable and contain the word "corporation,"	The new " "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	15430 Durnford Drive Miami Lakes, FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 4065 Miami Lakes, FL 33014
D. If amending the registered agent and/or registered office address: Name of New Registered Agent No. 16 Agent No. 16 Agent No. 16 Agent	SS in Florida, enter the name of the
New Registered Office Address: Miami (City)	ANCI DY IVE di address) S (Zip Code)
My.	th and accept the obligations of the position. eent, 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 <math>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.

X Change	PT John D	<u>Ooc</u>	
X Remove	V Mike J	ones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Vanessa Ortiz	15430 Durnturd Driv
Add Remove			Miami Lakes, FL 33014
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			·
Add Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
Dated April 14, 2014	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Michael Delgado (Typed or printed pame of person signing)	
(1 yped or primed name of person signing)	
<u> </u>	
(Title of person signing)	