# P100000008159

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SECRETARY OF STATE SIVISION OF CORPORATIONS

Mamch8/ccs

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LOW DFICES of Jessica Cabvera, P.  DOCUMENT NUMBER: P1000068159
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Cabrera  Name of Contact Person  Law offices of Jessica Cabrera, P.A.  Firm/Company  175 Fontainelleau ishol, St 105  Address  Miani, Fl 33172  City/ State and Zip Code  Jessica Cabrera & Cabrera awgroup. Com  E-mail address: (to be used for functionnual report notification)
For further information concerning this matter, please call:
Teddica Cabrera at (786) 229-0155  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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

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

los officed of Toggia	no deham on	
(Name of Corporation as currently filed with the Flor	rida Dent. of State)	
P1~~~~9150	,	
(Document Number of Corporation (if ki	:nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amo	endment(s) to
A. If amending name, enter the new name of the corporation:    Corporation	" "company," or "incorporated" or the abbrev o" A professional corporation name must conta	
word "chartered," "professional association," or the abbreviation "P./	A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	FILED STATE SECRETARY OF STATE S
Name of New Registered Agent	<del> </del>	
(Florida street	( address)	
New Registered Office Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered Age		

# 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.

X Remove         Y         Mike Jones           X Add         SV         Sally Smith           Type of Action (Check One)         Title         Name         Address           1)	Example: X Change	<u>PT</u>	John Doe		
Type of Action (Check One)         Title         Name         Address           1)         Change	X Remove	V	Mike Jones		
(Check One)  1)	X Add	<u>sv</u>	Sally Smith		
	Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
Remove	1) Change			 	
2)					
3 ) Change Add Remove  4) Change Add Remove  5) Change Add Remove  6) Change Add Add Add Add Add Add Add Add Add Ad		<del> ·</del>		 	
	$\overline{}$				
4) Change Add Remove  5) Change Add Remove  6) Change Add Add Add			<del></del> _	 <del></del>	
	Remove				
Remove	4) Change		<del></del>	 	
5) Change					
	$\Box$				
6) Change Add	[ <del></del> ]				
Add	Remove				
	<del></del>				

. If amending or adding additional Arti	ticles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
<u> </u>		
	<del>.</del>	
-		
. If an amendment provides for an exch	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
·		_
		-

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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)	
(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 $10 23 13$	
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)	
Jessica Cabrera	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	