

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
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And

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## COVER LETTER

| Division of Corp              |  |  |   |
|-------------------------------|--|--|---|
| NAME OF CORPO                 | RATION:  | IARTINEZ PA  |   |
| DOCUMENT NUMBER: P11000025001 |  |  |   |
| The enclosed Articles         | of Amendment and fee are sul   | bmitted for filing.  |   |
| Please return all corre       | spondence concerning this mat  | ter to the following:  |   |
|                               | JUAN CARLOS MARTINEZ   | 4  |   |
|                               |  | Name of Contact I  | erson   |
|                               | JUAN CARLOS MARTINEZ   | Z PA   |   |
|                               |  | Firm/ Compan   | ý —   |
|                               | 13665 SW 101 LANE  |  |   |
|                               |  | Address  |   |
|                               | MIAMI, FL  |  |   |
|                               |  | City/ State and Zip  | Code  |
| jemai                         | tinezhomes@gmail.com   |  |   |
|                               | E-mail address: (to be us  | ed for future annual re  | eport notification)   |
|                               |  |  |   |
| For further informatio        | n concerning this matter, pleas  | e call:  |   |
| JUAN CARLOS MA                | RTINEZ   | 786<br>at (  | 355-7579  |
| Name                          | of Contact Person  |  | a Code & Daytime Telephone Number   |
| Enclosed is a check fe        | or the following amount made p   | payable to the Florida   | Department of State:  |
| □ \$35 Filing Fee             | ☐\$43.75 Filing Fee & Certificate of Status  | ■\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certificate of Status   |
| Am<br>Div<br>P.O              | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | A<br>D<br>C<br>20  | reet Address inendment Section ivision of Corporations ifton Building 61 Executive Center Circle allahassee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

JUAN CARLOS MARTINEZ PA

| (Name of Corporation as currently filed  | with the Florida Dept. of State)           |
|--|--|
| P11000025001   |  |
| (Document Number of Corp   | oration (if known)                         |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:  |  |
| A. If amending name, enter the new name of the corporation:  | 77   |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.4." |  |
| 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 <u>MAY BE A POST OFFICE BOX</u> )   |  |
| D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:   | Florida, enter the name of the             |
| Name of New Registered Agent   |  |
| (Florida street ade  | tress)                                     |
| 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 a   | nd accept the obligations of the position. |
| Signature of New Registe   | red Agent, if changing                     |

| address of each Officer a<br>(Attach additional sheets,<br>Please note the officer/dir<br>P = President; V = Vice I<br>Executive Officer; CFO =<br>held. President, Treasurer<br>Changes should be noted | and/or, D if necess vector titl President = Chief I r, Directo in the fo ves the c | Arector besary)  le by the fit; T= Trea  Financial  or would I  tlowing mare | eing added:  rst letter of the office title:  usurer; S= Secretary: D= Dire  Officer. If an officer/director  oe PTD.  anner. Currently John Doe is  n, Sally Smith is named the V o | ector: TR= Tru<br>holds more th<br> <br> <br>  listed as the P | director being removed and title, name, and distee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change. |
|--|--|--|--|--|--|
| X Change   | <u>PT</u>  | John Do  | <u>e</u>   |  |  |
| X Remove   | <u>V</u>   | Mike Jones   |  |  |  |
| X Add  | <u>SV</u>  | Sally Sn   | <u>nith</u>  |  |  |
| Type of Action<br>(Check One)  | <u>Title</u>   |  | Name   |  | <u>Addręs</u> s  |
| 1) Change  | V  | _  | GIOVANNA JASPID  |  | 13665 SW 101 LANE  |
| Add  |  |  |  |  | MIAMI, FL 33186  |
| X Remove   |  |  |  |  |  |
| 2) Change  |  | _  |  |  | *  |
| Add  |  |  |  |  |  |
| Remove   |  |  |  |  |  |
| 3 ) Change   |  |  |  |  |  |
| Add  |  |  |  |  |  |
| Remove   |  |  | i  |  |  |
| 4) Change  |  | _  |  |  |  |
| Add  |  |  |  |  |  |
| Remove   |  |  |  |  | <u></u>  |
| 5) Change  |  | _  |  |  |  |
| Add  |  |  |  |  |  |
| Remove   |  |  |  |  |  |
| 6) Change  |  | _  |  |  |  |
| Add  |  |  |  |  |  |

\_ Remove

| E. If amending or adding additional Articles, enter change(s) h (Attach additional sheets, if necessary). (Be specific)     | ere:   |
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| F. If an amendment provides for an exchange, reclassification,<br>provisions for implementing the amendment if not containe | or cancellation of issued shares, d in the amendment itself: |
| (if not applicable, indicate N/A)   | d in the amendment testi.                                    |
| NIA   |  |
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| The date of each amendment(s) acd date this document was signed.         | ioption:  | t other than the  |
|--|---|---|
|  |   |   |
| Effective date <u>if applicable</u> :                                    | (no more than 90 days aft   | er amendment file date)                                       |
| Note: If the date inserted in this b document's effective date on the De |   | tory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |   |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su       | pted by the shareholders. The number officient for approval.                      | of votes cast for the amendment(s)                            |
|  | roved by the shareholders through votine each voting group entitled to vote separ |   |
| "The number of votes cast  | for the amendment(s) was/were sufficie  | nt for approval   |
| hy   |   |   |
|  | (voting group)  |   |
| ☐ The amendment(s) was/were ado action was not required.                 | pted by the board of directors without s  | hareholder action and shareholder                             |
| The amendment(s) was/were ado action was not required.                   | pted by the incorporators without sharel  | holder action and shareholder                                 |
| Dated 07/  | 20/17   |   |
| Signature  | and the second  |   |
|  | rector, president de dipofotocer - it dir   |   |
|  | t, by an incorporator fif in the hands of ed fiduciary by that fiduciary)         | a receiver, trustee, or other court                           |
| арропп   | ed fiduciary by that fiduciary)   |   |
|  | JUAN CARLOS MARTINEZ  |   |
|  | (Typed or printed name of p   | erson signing)  |
|  | PRESIDENT   |   |
|  | (Title of person  | kianing)  |