P110003376/

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MENDOZA LAW OFFICES, P.A. DOCUMENT NUMBER: P11000033761					
	of Amendment and fee are su				
Please return all corre	espondence concerning this mat	tter to the following:			
	PATRICIA M MEI	NDOZA			
		Name of Contact Persor	1		
		Firm/ Company			
	2038 N KROME /	AVENUE			
	Address				
	HOMESTEAD, F	L 33033			
		City/ State and Zip Code	e		
nai	tricio@mondozolo	woffices com			
pa	tricia@mendozala		notification)		
E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, pleas	se call:			
PATRICIA M MENDOZA		at (305	, 247 - 4204		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations Clifton Building			
). Box 6327 lahassee FL 32314		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED PH 1:46

	\sim 00 T_{LL} .
MENDOZA LAW OFFICES, P.A.	2014 AUG ZO STATE
(Name of Corporation as currently filed with t	he Florida Dept. of State)
P11000033761	(MLL) NOSL

mendment(s) to

P11000033761		INLL MIROS	. 4
(Document Number of	f Corporation (if known)	10	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Pi	rofit Corporation ad	opts the following amendme
A. If amending name, enter the new name of the c	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A p		
B. Enter new principal office address, if applicable			
(Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registe new registered agent and/or the new registered		rida, enter the nam	<u>e of the</u>
Name of New Registered Agent	Western war are a second as		
	(Florida street address,	. . .	
New Registered Office Address:	100	, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ccept the obligations	of the position.
Signature of N	ew Registered Agent, if ch	anging	

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 Doe	
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>Addres</u> s
1) Change	V	ROBERTO GOMEZ	435 NE 20TH AVENUE
Add			HOMESTEAD, FL 33033
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
19 141	
	
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	The state of the s
· · · ·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(1 00 1 6 1 (0 1 1)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2 12 14,	
Signature		
ØSy ¹ a di	rector, president or other officer - if directors or officers have not been	
	f, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	PATRICIA M MENDOZA	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	_