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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: $\frac{2}{2} \frac{0 VI}{2}$	S A. Vucci, P.A.						
DOCUMENT NUMBER: / // O	000 359 14						
The enclosed Articles of Amendment and fee are	submitted for filing.						
Please return all correspondence concerning this r							
1001	Name of Contact Person A. Voce; P. A. Firm/ Company SE 3RN AVR. St2023 Address FL. 33/3/ City/ State and Zip Code Aw 9ROUP & MAIL-COM used for future annual report notification)						
	Name of Contact Person						
Louis	A. Vucci P.A.						
1	Firm/ Company						
	SE 3RD AVe. St-2020						
44	Address						
m, on,	FL 3313 1						
	City/ State and Zip Code						
1/1011	.,						
V VCC 1 L	AwgRoup (a gMAI/-Com						
E-mail address: (to be	used for future annual report notification)						
	v						
For further information concerning this matter, plo	rase call:						
Lovis Vuci	305 579-0125						
Share of Contact Borons	at (305) 573 - 0125 Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytine Telephone Number						
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:						
S35 Filing Fee & Certificate of Status							
Mailing Address	Street Address						
Amendment Section	Amendment Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment

to Charanna

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LOUIS A. of	Vucci PA
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P 110000 389	14
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "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>)	
C. Enter new mailing address, if applicable:	1 SF 201 Ave 4 2020
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1 SE 3RD AVE # 3020 Miami Fc. 1 33131
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address: 4 ft ME 1	address) FL Florida FL FL FL FL FL FL FL FL FL F
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered 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:	r, una 501	iy Smun, 34 as un Ada.	
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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addi	g or adding additional A tional sheets, if necessar	v). (Be specific)				
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If an ameno	<u>lment provides for an e</u> for implementing the a	xchange, reclassifi mendment if not c	cation, or cance ontained in the a	<u>llation of issued sl</u> imendment itself:	hares.	
(if not	applicable, indicate N/A)			-	
						•
			•			
					1	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, ir other than the
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.	vill not be listed as the
Adoption of Ameridment(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.	
Dated 1/18/19	
- Jania 7/	
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)	
LOUIS Vucci	
(Typed or printed name of person signing)	
ATTORNey DIRECTOR	
(Title of person signing)	