P11000063825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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15 MAR 12 PM 1: 32 SECRETARY OF STATE

MAR 1 3 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section

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Moverra P	A	
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abmitted for filing		
itter to the following: Contact Person	L./A NILOIE MOVEIN)	
Firm/Company SW 102 place	- 0	
jami, FL. 3	317-3	
City/ State and Zip Cod	e	
veo 1 e gm sed for future annual report	notification)	
se call:	,	
at (305	, 898-1785	
Area Co	de & Daytime Telephone Number	
payable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address	
	lment Section	
	Division of Corporations	
	Building executive Center Circle	
	assee, FL 32301	
	bmitted for filing tter to the following: PAPE Z (F) Name of Contact Perso Firm/ Company Address Address City/ State and Zip Cod Poly Company Address Area Company Seed for future annual report See call: at (305 Area Company Area Company Seed for future annual report See call: at (305 Area Company Seed for future annual report See call: See call: See Certified Copy (Additional copy is enclosed) Sireet Ameno Divisio Clifton 2661 E	

Articles of Amendment

Articles of Incorporation
NIWLE Morera PA
(Name of Corporation as currently filed with the Florida Dept. of State)
Ni colu P 11 0000 63825
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NICOLE VAZQUEZ PA.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent NICOL VAZQUEZ. 1013 5W 10201ACC (Florida street address)
New Registered Office Address: Man , Florida F(33)73 (City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent fischanging

Page 1 of 4

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.

Example: X Change	<u>PT</u> <u>John l</u>	<u>One</u>	
X Remove	<u>V</u> <u>Mike</u>	Jone <u>s</u>	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	BRD	Nicole Vorquez	Jul3 SW102 place Miami, Pl 33173
2) Change	<u>PS</u> D	Nicole Morenz	76135W 10201900 M19M1, Fl 33173
Remove 3) Change			
Add Remove 4) Change			
Add Remove 5) Change			
Add Remove			
6) Change Add Remove			

(Be specific)

ange, reclassification, or cancellation of issued shares,
ndment if not contained in the amendment itself:

Page 3 of 4

The date of each amendment(s) adoption: 3/10/15 date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 90 days after amenament fite date)	
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)	
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	
Signature Variety	_
(By a director, president or other officer \(\) if director 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)	
WI WIE VARAVEZ CFKA MICHE Morein (Typed or printed name of person signing)	a)
Tresident (Title of person signing)	<u>-</u>

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