P12000018128

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



900296407469

900296407469 03/27/17--01010--028 **43,75

SECRETARY OF STATE TALLAHASSEE FLORIDA

MAR 2 8 2016 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FYQVCE	s M. Chao	iv- Alvarez, MD F		
DOCUMENT NUMB	er: <u>P12.0000</u>	18128	<u>, </u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Frances L	Name of Contact Person	Alavez		
-		Firm/ Company			
11844 Waterstone Loop Ar.					
-	11844 Water Wirdermere,	Address Address City/ State and Zip Cod	<u>)</u>		
<u> </u>	E-mail address: (to be us	sed for future annual report	M		
For further information	concerning this matter, pleas	se call:			
Frances Name o	Chaav - Alua f Contact Person	Vl7 at (767 Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filling Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
30.11	f 4.44	544	4.11		

Mailing Address

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

12

Articles of Amendment

to
Articles of Incorporation

FILED

Number of Co rutes, this <i>Flor</i> ration: 	rporation (if known ida Profit Corporation) "company," of ". A profession"	own) poration ad r "incorpo	SECRE TALLAH	The new ne abbreviation
ration: Lne orporation," inc," or "Co" eviation "P.A.	"company," of	poration ad	TALLAHI	SSEE FLO
ration: Lne orporation," inc," or "Co" eviation "P.A.	"company," of	poration ad	opts the follo	owing amendme The new ne abbreviation
ation: Inc orporation," inc," or "Co" eviation "P.A.	"company," of	r "incorpoi	rated" or th	The new ne abbreviation
INE orporation," inc," or "Co" eviation "P.A.	company, of A profession			e abbreviation
orporation, nc," or "Co" eviation "P.A.	company, of A profession			e abbreviation
orporation, nc," or "Co" eviation "P.A.	company, of A profession			
<u>-</u>	NA	-		
-		7 - 11 - 1 - 1		
_	NA			
_				
ffice address e address:	in Florida, ent	er the nam	e of the	
4				
4				<u> </u>
A Florida street a	ddress)			
J Florida street a	ddress)		Florida	
				ffice address in Florida, enter the name of the e address:

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	PT	John Do	<u>oe</u>	\/A	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	WH	
X Add	<u>sv</u>	Sally Sn	mith	• •	
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1)Change					
Add					
Remove					
2) Change		_	<u> </u>		
Add					www.destayanning.com
Remove					
3) Change	<u> </u>	_			
Add					
Remove					
4) Change					
Add					<u></u>
Remove					
5) Change					
Add		_			
Remove					
Kemove					
6)Change			**************************************		
Add			`		
Remove					

(Attach additional sheets, if necessary). (Be specific)
NIA
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
11/1/
W/A

The date of each amendment(s) adoption: date this document was signed.	_, if other than th
Effective date if applicable: IVNVUL LICH (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 will r document's effective date on the Department of State's records.	not be listed as the
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"	
☐ 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 03/23/17	
Signature / M. Charles	_
(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)	
Frances U. Choar-Alvarez, UD	
(Typed or printed name of person signing)	
Président	
(Title of person signing)	