P12000018132

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PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	·)
(Docum	nent Number)	
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Special Instructions to Filir	ng Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2021

ELENA UGAS 1781 NW 123 AVE PEMBROKE PINES, FL 33026

SUBJECT: ELENA UGAS, P.A. Ref. Number: P12000018132

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

TO FILE AN ADDRESS CHANGE, YOU MUST USE THE PROFIT ARTICLES OF AMENDMENT TO DO SO. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00003123

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Elevil	Ugas P.A
DOCUMENT NUMBER: P12 0000	18132
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	Hena Ugas Name of Contact Person
	Elena Ugas PA. Firm/ Company
	L NW 123 rd Ave
Pem	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Elena Ugas Name of Contact Person	at (754) 423 311 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Elera U	gas PA	,	
(Name of Corpor	ation as currently	filed with the Florida Dept. of State)	
(Do	cument Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this F	Ilorida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
NIA			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inchartered," "professional association," or the ab	nc," or "Co". A	ompany," or "incorporated" or the abbre professional corporation name must co	viation "Corp.," ontain the word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		Penobioke Pines, FL	1e 1 33626
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	1781 NW 123" A Pembroke Pines, FL	Vl , 33026
D. If amending the registered agent and/or reginew registered agent and/or the new register		ess in Florida, enter the name of the	5021 FE-3
Name of New Registered Agent	N/A		— FE ? 2
			<u> </u>
	(Florida stre	et address)	Trippe Trippe Trippe Trippe
New Registered Office Address:	NIA	, Florida	
		City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<mark>Registered Agent:</mark> t. I am familiar w	ith and accept the obligations of the positi	ion.
	NIA	gistered Agent, if changing	
54	gnature of New Re	gisterea Agent, ij changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: <u>X</u> Change	<u>PT</u>	John Doc	
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			
Add			
Remove			
2) Change			
Add		\	
Remove 3) Change	<u></u>		
Add			
Remove		\	
4) Change Add			
Remove		\ \	
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

ttach additional s	heets, if necessary). (Be	specific)			
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an amendment)	provides for an exchange,	reclassification, or	cancellation of i	ssued shares,	
rovisions for im (if not applica	ble, indicate N/A)	nt if not contained	in the amendmer	nt itself:	
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The date of each amendment(s) adoption: date this document was signed.	16/10/10	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does n document's effective date on the Department of		requirements, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		st for the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting		
"The number of votes cast for the ame	ndment(s) was/were sufficient for appr	oval
by Flerra Ugas R) <u> </u>	```
Dated(13/3/)_	<u>) </u>	
	ident or other officer – if directors or o orporator – if in the hands of a receiver y by that fiduciary)	
	Tiena Ugas (Typed or printed name of person sign	ing)
	(Title of person signing)	nt