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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PATRICIA HERNA	ANDEZ, ESQ., P.A.		
DOCUMENT NUMBER: P12000050826			
The enclosed Articles of Amendment and fee are suf-	nmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
PATRICIA HERNANDEZ			
	Name of Contact Person		
PATRICIA HERNANDEZ, ESQ., P.A.			
	Firm/ Company	14BH-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
10691 N KENDALL DR. SU	ITE 210		
	Address		
MIAMI, FL 33176			
	City/ State and Zip Code		
ADMIN@TAXAPRO.COM			
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
PATRICIA HERNANDEZ	305 at (775-3273 le & Daytime Telephone Number	
Name of Contact Person	Area Coe	le & Daytime Telephone Number	
Enclosed is a check for the following amount made (payable to the Florida Depa	rtment of State:	
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

PATRICIA HERNANDEZ, ESQ., P.A.			
	of Corporation as currently	filed with the Florida Dept. of State)	
P12000050826			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the follo	wing amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		THE THE STATE OF T
name must be distinguishable and con "Corp ," "Inc." or Co.," or the design word "chartered," "professional associa	vation "Corp," "Inc," or "C	,' "company," or "incorporated" or th To". A professional corporation name m P.A."	ust configui the
B. Enter new principal office address,	if applicable:	10691 N KENDALL DR. SUTTE 210	F STAFE
(Principal office address MUST BE A.S.		MIAMI, FL 33176	- S - S - S - S - S - S - S - S - S - S
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		10691 N KENDALL DR. SUITE 210	
<u> </u>		MIAMI, FL 33176	
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the ne-	w registered office address:		
Name of New Registered Agent PATRICIA HERNAND			
	10691 N KENDALL DR. S	SUITE 210	
	(Florida stre	vet address)	
<u>New Registered Office Address:</u>	MIAMI		6
	/	Cuy) 6	Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist	hanging Registered Agent: tered agent - I am familiar w	eth and accept the obligations of the position	он.
· F	Simulara of New P.	printernal trans if the second	
	Signature of New Re	egistered 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: N_Change	PT	John Do	રહ	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	<u>Sally Si</u>	m <u>th</u>	
Type of <u>Action</u> (Check One)	Tule		Name	Addiess
1) X Change	Р	_	PATRICIA HERNANDEZ	10691 N KENDALL DR.
Add				SUITE 210
Remove				MIAMI, FL 33176
2) Change				
Add				
Remove				
3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)		
·		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	adment in the consumed in the amendment risers.	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	tno more than 90 days after amendment file dater
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the spartment of State's records
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad- by the shareholders was/were se	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved 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)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated//	
Signature #	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	PATRICIA HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)