P12 CCCCC 63649

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PATRICIA M. DE	MORAIS P.A	
DOCUMENT NUMB	ER: P12000063649		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	PATRICIA MUSA MORAIS		
•		Name of Contact Person	1
		Firm/ Company	
	253 NE 2ND STREET UNIT	1109.	
-		Address	
	MIAMI FL 33132		
		City/ State and Zip Code	
	PATRICIAMUSA1@GMAII	COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
PATRICIA MUSA M	ORAIS	at (<u>305</u>	351-6059
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artinent of State:
S35 Filing Fee	□\$43.75 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Issox 6327 Issued Section 11	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

PATRICIA M. DE MORAIS P.A.

(Name of Corporation as c	currently filed with the Flo	rida Dept. of State)		
P12000063649				
(Document Nu	umber of Corporation (if kn	own)	-	
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corp	oration adopts the following	ng amendm	ient(s) to
A. If amending name, enter the new name of the corpora-	tion:			
PATRICIA MUSA P.A			The ne	11'
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "("chartered," "professional association," or the abbreviation	Co". A professional corp	rporated" or the abbrevial continuation name must conti	tion "Corp., tin the wor	 d
B. Enter new principal office address, if applicable:	<u></u>		:: 	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>-</u>			
			~3 <u>~3</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				j
(mulling dudiess) MATE BEAT VOL OF FIEL BOST			<u></u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office:		er the name of the		
Name of New Registered Agent				
	lorida street address)		_	
New Registered Office Address:		. Florida		
New Registered Office Mattress.	(Ciṇ)	, , , , , , , , , , , , , , , , ,	o Code)	
	(Ciù)	(21)	o Coae)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept the	obligations of the position	ı.	
		<u> </u>	<u> </u>	
Signature o	of New Registered Agent, if a	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.

X Change	<u>PT 1</u>	ohn Doe		
X Remove	<u>v</u> 2	<u> Aike Jones</u>		
X Add	<u>sv</u> <u>s</u>	ally <u>Şmith</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change			 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change				
Add				
Remove			 	
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
δ) Change				
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific) 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/4)	TABlach additional sheets of necessary	rticles, enter change(). (Be specific)	a, acts.		
provisions for implementing the amendment if not contained in the amendment itself:	a main manorae ama a, y moraan,	in the distribution			
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provisions for implementing the amendment if not contained in the amendment itself:	If an amendment provides for an e	vchange reclassificat	ion, or cancellation	of issued shares.	
(if not applicable, indicate N/A)	provisions for implementing the a	mendment if not cont	tained in the amenc	lment itself:	
	(if not applicable, indicate N/A)				
					

Taa data of ee	ch amendment(s)	NOVEMBER 13, 2020	, if other than the
	nent was signed.	adoption:	
Effective date	if applicable:		<u></u>
·		(no more than 90 days after amendment file date)	
Note: If the dadocument's effe	ate inserted in this ective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	e will not be listed as the
Adoption of A	mendment(s)	(<u>CHECK ONE</u>)	
The amendn action was n		dopted by the incorporators, or board of directors without shareholder action	on and shareholder
		dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
☐ The amendn must be sep	nent(s) was/were a parately provided fo	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	rnt
		st for the amendment(s) was/were sufficient for approval	
bv			
		(voting group)	
		BER 13, 2020	
	Signature	Patricia Mura Morais	. <u></u>
	(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	1
		PATRICIA MUSA MORAIS	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	