## P12000081070

(Re	questor's Name)	<del>.</del>
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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HANS BURGOS, P.A. DOCUMENT NUMBER: P12000081070 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BERENICE IPIA-FELICIANO Name of Contact Person PRATS FERNANDEZ & CO PA Firm/ Company 999 PONCE DE LEON BLVD, STE, 1110 Address CORAL GABLES, FL 33134 City/ State and Zip Code ADMIN@PRATSFERNANDEZ.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BERENICE IPIA-FELICIANO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment **Articles of Incorporation** of

HANS BURGOS, P.A.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P12000081070	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	n:
	The new pration," "company," or "invorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )	
(Frincipal office address Stost D. A. STREET MINKESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining mainess may be a root of field most)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address;	. Florida
New Registered Systematics.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of S	New Registered 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 = Trustce; 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	PT Joh	ut <u>Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PINERO, CAROLINA S	PO Box 141891
Add			CORAL GABLES, FL 33114
X Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>		
Ađd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) l (Be specific)	<u></u> ,		
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If an amendment provides for an exclude provisions for implementing the ame	<u>iange, reclassification</u>	<u>, or cancellation of i</u> ed in the amendmen	ssued shares.	
(if not applicable, indicate N/A)	TRIMETE IT TONG CONTAIN	XX III III III III III III III III III		
	·		-	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, to epartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendatificient for approval.	nent(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	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 share	cholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	ler
05-28-201	9	
Dated		
Signature		
(By a selecti	director, president or other officer – if directors or officers have not ea, by an incorporator – if in the hands of a receiver, trustee, or othe ned fiduciary by that fiduciary)	
	HANS BURGOS	
/	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	