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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Law Office of Elise Rodriguez, P.A.
DOCUMENT NUMBER: P1200080941
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elise Rodriguez Name of Contact Person The Law Office of Elise Rodriguez, P.A. Firm/Company 1 Glen Royal PKWY, 1402.
Miami, florida 33135 City/ State and Zip Code
rdgz. elise @ amail. com E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Elise Podriguez at (305), 800-8338 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$252.50 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

to

	Articles of incorporation
The Law Office	of Flise Rodriguez, P.A. ation as currently filed with the Florida Dept. of State) 1. 1815.
(Name of Corpora	ation as currently filed with the Florida Dept. of State) 11 11 11 12
P12000086	941
(Doc	nument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the Free-Form Leg	al PA
name must be distinguishable and contain the	rord "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	n/a
D. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent	tered office address in Florida, enter the name of the ed office address:
	(Florida street address)
Non-Pariatura I Office Address	,
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: I am familiar with and accept the obligations of the position.
Sie	anature of 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 = 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	<u>PT</u>	John Doe	,	
X Remove	<u>V</u>	Mike Jones	$n \mid a$	
_X Add	<u>sv</u>	Sally Smith	11101	
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			, , , , , , , , , , , , , , , , , , , 	
Add				
Remove				
3) Change				
Add				
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4) Change				
Add				
Remove				
5) Change				**
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Remove				
6) Change				
Add				
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Attach additional sheets, if necessary).	icles, enter change (Be specific)	(s) nere:			
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an amendment provides for an exch	nange, reclassificat	ion, or cancella	tion of issued sl	hares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the am	endment itself:		
(у на арунсане, такие ил)					
	10				 -
	<i>[a</i>			·	
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The date of each amendment(s) adoption:	n la	, if other than the
date this document was signed.	•	
,	α	
Effective date if applicable: (no	more than 90 days after amendment file a	late)
Note: If the date inserted in this block does not modocument's effective date on the Department of State		nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.	reholders through voting groups. The folloup entitled to vote separately on the amend	owing statement ment(s):
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval	
by(voting g	.,,	
(voting g	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and sh	areholder
Dated 9/9/10		
Signature (By a director, president	or ther officer – if directors or officers ha	ave not been
	rator – if in the hands of a receiver, trustee,	
appointed fiduciary by t	hat fiduciary)	
_ Elis	se Podriquez	
(Турс	ed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	