

| (Re | equestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nar | me) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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JAN 26 2016 K. Vanie

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Luz Adriana Osorio | Acosta PTPA | | | |
|--------------------------|---|---|--|--|--|
| DOCUMENT NUMI | BER: P12000088757 | | | | |
| The enclosed Articles | of Amendment and fee are sul | omitted for filing. | | | |
| Please return all corres | spondence concerning this mat | ter to the following: | | | |
| | Mark I. Ingber | | | | |
| | | Name of Contact Person | 1 | | |
| | Mark I Ingber CPA PA | | | | |
| | Firm/ Company | | | | |
| | 5550 Glades Road Suite 500 | | | | |
| | Address | | | | |
| | Boca Raton, FL 33431-7277 | | | | |
| | | City/ State and Zip Cod | e | | |
| mark(| Dmilcpa.com | | | | |
| - | <u>- </u> | ed for future annual report | notification) | | |
| | | | , | | |
| For further information | concerning this matter, please | e call: | | | |
| Mark I Ingber | | at (| 510-0109 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made p | ayable to the Florida Depa | rtment of State: | | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fcc & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divi P.O. | ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | |

FILED

Articles of Amendment to Articles of Incorporation

16 JAN 25 PH 8: 04

SECRETARY OF STATE TALLAHASSEE FLORIDA

Luz Adriana Osorio Acosta PT PA

| (<u>Name</u> | of Corporation as curren | tly filed with the Florida Dept. of State) | | |
|--|-------------------------------|---|--------------------------------------|--|
| P12000088757 | | | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1.1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following | g amendment(s) to | |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| Adriana Osorio Acosta PT PA | | | Th | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t | nation "Corp," "Inc," or | on," "company," or "incorporated" or the ab "Co". A professional corporation name must c "P.A." | The new breviation contain the | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 21596 Casa Monte Court | | |
| | | Boca Raton, FL 33433 | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 21596 Casa Monte Court | | |
| | | Boca Raton FL 33433 | | |
| | | | | |
| D. If amending the registered agent an new registered agent and/or the ne | | | | |
| Name of New Registered Agent | | | | |
| | 21596 Casa Monte Court | | | |
| | (Florida si | reet address) | | |
| New Registered Office Address: | Boca Raton | 33433 , Florida | | |
| | | (City) (Zip C | ode) | |
| | | | | |
| New Registered Agent's Signature, if c | hanging Registered Agen | • | | |
| | | ·· with and accept the obligations of the position. | | |
| | | | | |
| | | | | |
| | Signature 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 Doc | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| 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 | | | |
| 6) Change | | | |
| Add | | | |
| Auu | | | |

| | y). (Be specific) | | | |
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| | xchange, reclassifica | ation, or cancellation | of issued shares, | |
| f an amendment provides for an e | Mental Letter Contract | 4 1 1 1 1 1 | ment itself: | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
| f an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A) | mendment if not cou | ntained in the amend | ···· | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | ··· | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | - |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
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| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
| provisions for implementing the a | mendment if not cou | ntained in the amend | | |
| f an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A) | mendment if not cou | ntained in the amend | | |

| The date of each amendment(s) adol date this document was signed. | otion: | , if other than the |
|---|--|--------------------------|
| _, , | • | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blocdocument's effective date on the Depa | ck does not meet the applicable statutory filing requirements, this date writment of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHEC</u> K ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders was/were suffice. | ed by the shareholders. The number of votes east for the amendment(s) cient for approval. | |
| ☐ The amendment(s) was/were appromust be separately provided for ea | yed by the shareholders through voting groups. The following statement ch 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 adopte action was not required. | ed by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adopte action was not required. | d by the incorporators without shareholder action and shareholder | |
| 01/21/2016 | | |
| Dated | | |
| Signature <u>J</u> | ward Osmis A | |
| selected, b | tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) | |
| . Ac | riana Osorio-Acosta | |
| _ | (Typed or printed name of person signing) | |
| Pro | esident | |
| | (Title of person signing) | |