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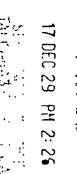
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R. WHITE



COVER LETTER

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: P13000001503	
The standard of Assert Assert and Community of Conference	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elias Correa Menendez, Esq.	
Name of Contact Person	
Trembly Law Firm	
Firm/ Company	
9700 S. Dixie Highway, Suite 680	
Address	
Miami, Florida 33156	
City/ State and Zip Code	
elias@tremblylaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elias Correa Menedez, Esq. 305 431-5678	
Name of Contact Person Area Code & Daytime	Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of Stat	e :
☑ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee & ☐\$52.50 Filing Fee & ☐\$6.25 Filing Fee & ☐\$52.50 Filing Fee & ☐\$6.25 Filing Fee & ☐\$6	e of Status Copy al Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporatP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Cent	

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

17 DEC 29 PM 2: 25

HOW TO MANAGE A SMALL LAW FIRM II. INCORPORATED

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P13000001503	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	i
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>x</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Wew nexture to Office made 23.	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	ature 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)

Remove

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</u>	<u> John Doe</u>			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u>		<u>Addres</u> s
X I) Change	CEOC	RJ(ON ROBINS		5966 S. DIXIE HWY, SUITE 300
Add					SOUTH MIAMI, FLORIDA 33143
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					-
5) Change					
Add					
Remove					
6) Change			, <u> </u>		
Add					

Attach additional sheets, if nece	nal Articles, ent essary). (Be sp	ecific)			
					<u> </u>
					
<u> </u>					
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f an amendment provides for	an exchange, re	classification,	or cancellation o	of issued shares,	
provisions for implementing (if not applicable, indicate	the amendment	if not containe	d in the amenda	ent itself:	
(if not applicable, maican					
					<u> </u>
			· · · · · · ·		
					<u> </u>
					

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filting requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By addirector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed tiduciary by that tiduciary)	
R JON ROBINS (Typed or printed name of person signing)	
(1) ped of princed name of person signing)	
<u>CEO</u>	
(Title of person signing)	