7/21/2017 3:24 PM

TO 1850 697 698 80 2 6. Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000192028 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

Account Name : TAVARES LAW PA

Account Number : 120150000095

Phone : (407)901-7556

Fax Number : (407)901-7558

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: attorney @ aiassoc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN IMMIGRATION ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUL 2 1 2017

TO: +18506176380

D

2

H170001920283

Articles of Amendment to Articles of Incorporation of

${\bf AMERICANIMMIGRATIONASSOCIATES,INC.}$		
(Name of Corporation	on as currently filed with the Florida Dept. of State)	3
P13000051020		-
(Docum	nent Number of Corporation (if known)	\$
Pursuant to the provisions of section 607, 1005. Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the co	orporation:	
AMERICAN IMMIGRATION ASSOCIATES, P.A.		he new
name must be distinguishable and contain the wor, "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbr ," "Inc," or "Co". A professional corporation name must con	reviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		
Name of New Registered Agent		
With the state of		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code	leg
New Registered Agent's Signature, if changing Regi	(Cipy (Zip Code	w)
Signo	ature of New Registered Agent, if changing	

Р. 3

H17000192028 3

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:

 $P \neq President$; $V \approx Vice President$; $T \approx Treasurer$; $S \approx Secretary$; $D \approx Director$; $TR \approx Trustee$, $C \approx Chairman or Clerk; CEO * Chaef Executive Officer; CFO <math>\pi$ 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>	John D	<u>იe</u>	
X Remove	<u>v</u>	Mike Ju	ones	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				****
Add				
Remove				
21 Change		_		
Add				
Remove				·
3)Change			***************************************	
Add				
Remove				
4) Change		_		
Add				
Remove				
5/ Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

H17000192028 3

	ing additional Artic eets, if necessary)	(Be specific)			
-					<u></u>
					
					
		·			
					
					
			 		
·					
		·			
rovisions for impl	ovides for an exchai ementing the ameno	nge, reclassification iment if not conta	ined in the amendr	of issued shares, nent itself:	
(if not applicabl	le, indicate N/A)				
- • • •					
,					
					

Page 3 of 4

H170001920283

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	07/19/2017	
Effective date if applicable:		
,,,,,,,	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 23 Dated Signature	Lacent Man	
(By sele	a director, president or other officer - if directors or officers have not been ceted, by an incorporator - if in the hands of a receiver, trustee, or other count ointed fiduciary by that fiduciary)	
	LUCIANE F M TAVARES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	