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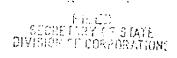
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARLOS MANUE	EL MARIA, P.A.		
DOCUMENT NUME			·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	CARLOS M. CRUZ			
•	•	Name of Contact Person	1	
		Firm/ Company		
·	1508 BAY RD APT 939			
		Address		
	MIAMI BEACH, FL. 33139			
		City/ State and Zip Code	e	
MAR	IALTOR305@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
CARLOS M. CRUZ		at (305	791-7070	
Name o	of Contact Person	at (305) 791-7070 Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301		

Articles of Amendment to Articles of Incorporation of



16 MAY -2 AM !!: 59

(Ivame)	of Corporation as currently filed with the Florida Dept. of State)
P13000081471	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s
. If amending name, enter the new n	ame of the corporation:
CARLOS MANUEL CRUZ, P.A.	The new
	tain the word "corporation," "company," or "incorporated" or the abbreviation nation "Corp," "Inc," or "Co". A professional corporation name must contain the ation," or the abbreviation "P.A."
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	
(Mailing address <u>MAY BE A POST</u>	od/or registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST). If amending the registered agent an new registered agent and/or the new registered agent ag	od/or registered office address in Florida, enter the name of the w registered office address:
O. If amending the registered agent an new registered agent and/or the new registered agent agen	nd/or registered office address in Florida, enter the name of the wregistered office address: CRUZ, CARLOS M. (Florida street address)

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 <math>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	
X Add .	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u> .	Name	<u>Address</u>
1) X Change	PDST	CRUZ, CARLOS M.	517 Arthur Godfrey R Miami Beach FL 33140
Add			Miani Beach, FL 33140
Remove			
2) Change		.	
Add			-
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	 ,		
Add			
Remove			

Attach additional sheets, if necess	al Articles, enter sary). (Be speci	ific)			
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•			· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for a provisions for implementing th	n exchange, recl e amendment if	assification, or c not contained in	ancellation of iss the amendment	ued shares, itself:	
(if not applicable, indicate N	//A)				
	·				
				· · · · · · · · · · · · · · · · · · ·	
				·	
- 11-1 1				d	

The date, of each amendment(s) a	doption:	Cross if other than the
date this document was signed.		DIVISION OF CORPORATIONS
Effective date if applicable:	(no more than 90 days after amendment file date)	16 HAY -2 AM II: 59
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, t 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 cast for the amend ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following s reach voting group entitled to vote separately on the amendment(s)	
"The number of votes case	t 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 shar	eholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	der
04/28/201 Dated		
Signature	Jan Jan	
(By a constant)	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	CARLOS M. CRUZ	
	(Typed or printed name of person signing)	
	PDST	
	(Title of person signing)	