P13000083282

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		



800262230758

08/11/14--01050--001 **35.00

TAMENT PHIS: 19

Office Use Only

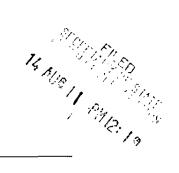
Anund Name (1a 8 /20/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AD	RIANA MORRI	S & ASSO	CIATES P.A.	
DOCUMENT NUMBER: P130	00083282			
The enclosed Articles of Amendment		filing.		
Please return all correspondence conc	erning this matter to the fo	Howing:		
RUBEN	D. TORO			
	Name of	Contact Person		
RUBEN	TORO P.A.			
7901 KIN	Firm NGSPOINTE PK	n/ Company KWY STE.	31	
Address				
ORLAND	ORLANDO FL 32819			
	City/ Sta	te and Zip Code		
•	a@hotmail.com			
E-mail add	iress: (to be used for future	e annual report no	etification)	
For further information concerning thi	s matter, please call:			
Ruben D. Toro	:	407	370-6445	
Name of Contact Perso			& Daytime Telephone Number	
Enclosed is a check for the following	amount made payable to the	ne Florida Departi	nent of State:	
	te of Status Certifie	ed Copy onal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Division of Clifton B 2661 Exe	ent Section of Corporations	

Articles of Amendment to Articles of Incorporation of



ADRIANA MORRIS & ASSOCIATES P.A.

(Name of Corporation as currently filed	with the Flor	ida Dept. of State)		-
P13000083282				
(Document Number of Co	orporation (if k	nown)	·	-
Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	tatutes, this <i>Fla</i>	orida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
ADRIANA MORRIS P.A.				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc." or "Co	". A professional cor	orporated" or the a poration name must	 abbreviation
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)			-
			······································	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_
				- -
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		s in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		, Flo		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: um familiar wit	h and accept the obliga	utions of the position.	
Signature of New	Registered Age	ent, 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:	, unu sui	ty Smith, SV as an Maa.	
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	Address
1) Change			
Add 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 necessary). (Be specific) RTICLE III. PURPOSE. The purpose for which this corporation is organized if rovide real estate agent services	is to
ovide real estate agent services	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(i) not apprount, material (ii)	

The date of each amendment(s) adoption: 08/05/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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)	
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.	
Dated 08/06/2014	
Signature	
(By a director, president of 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 fiduciary by that fiduciary)	
Adriana Morris	
(Typed or printed name of person signing)	
President	
(Title of person signing)	