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SECRETARY OF STATE OIVESTON OF COSPONATIONS

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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Garcia & Miranda, P.A. NAME OF CORPORATION: \_ P13000088340 DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CALLAN GARCIA

Name of Contact Person GARCIA à MIRAMBA PA Firm/Company 450 N. PARK RD, SUITE 300 HOLLYWOOD FL 33021

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 353-4288 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■**\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

SECRETARY OF CORPORATIONS
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r Y	of		ระบา กเพเรีย	H OF CORPORATIONS
Gar	cia è M	iranda F	λ <b>4</b>	PD:1 Ma 1 a.
(Name of Corpor	ation as currently	filed with the Flor	rida Dept. of State	111111111111111111111111111111111111111
F	13000088	3340		
		Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this F	lorida Profit Corp	oration adopts the fol	lowing amendment(s) t
A. If amending name, enter the new name of the	e corporation:			
Garcia, Miranda &	Gonzales	z-Rua, P.	A.	The new
name must be distinguishable and contain the management of the designation "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "C	Co". A professiona	"incorporated" or all corporation name	the abbreviation must contain the
B. Enter new principal office address, if applica	<u>ible:</u>	450 N.	Park Rd.	
(Principal office address <u>MUST BE A STREET A</u>	T ADDRESS )	Suite		
		HOLLYW	000 FL 3	3021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		450 N.	Park Rd.	
		Suite	300	
			000 FL 33	
D. If amending the registered agent and/or reginate new registered agent and/or the new register		ess in Florida, ente	r the name of the	16 - ON SEC
Name of New Registered Agent	NA			第 强
Name of New Negistered Agent	_			一上高温
	N A (Florida stree	et address)		— <b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
N. D	N.0	•	<b></b>	- 33
New Registered Office Address:		City)	, Florida	(Zip Code)D
	ŕ	•		•
New Registered Agent's Signature, if changing Is hereby accept the appointment as registered agen		ith and accept the o	bligations of the posi	tion.
	N	<del>^</del>		
S	ignature of New Re	gistered Agent, if ci	hanging	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Andoni Gonzalez-Rua	9655 S. Dixie Highwa
_X_ Add			SUITE 312
Remove			PINECREST, FL 33156
2) Change	<u> </u>	<del></del>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change		·	
Add			
Remove			

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mendment pro	menting the amend	dment if not co	ntained in the ame		
sions for imple	menting the ameno	dment if not co	<u>ntained in the am</u>		
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amendment pro isions for imple if not applicable	menting the ameno	dment if not co			

The date of each amendment(s) adoption: date this document was signed.	NA	, if other than the
Effective date if applicable:	03/01/2016	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this dat f State's records.	e will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	)
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	nt P
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	6 VIEW
by	NA	16 HAR -1
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☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	-1 21 Carlow
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	09
Dated 02 2	6/2016	
Signature	3500	
	sident or other officer - if directors or officers have not been	<del></del>
· · · · · · · · · · · · · · · · · · ·	orporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciar	y by that fiduciary)	
	CALLAN GARLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	