P14000007709

(Requestor's Name)			
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SECRETARY OF STATE

C. LEWIS FEB 1 9 2014 EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: THE LAW OFFICE OF CHISTING M. Ortiz P.A. DOCUMENT NUMBER: P14000007709 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CVISTINA OVTIZ

Name of Contact Person The Law Office of Cristina M. Ortiz, P.A. Firm/Company SW 74th Court, Suite 2201 A-83 MIAMI, FL 33156 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 (186) 476 3303 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to

Articles of Incorporation of

of	14 FEB 18 PH 4: 12
The law Office of cristing	MANA PA
(Name of Corporation as currently filed with the I	Provide Dept. of State Secretian OF STATE SECRETARY OF STATE
P14000007709	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	8950 SW 74th COMP Suite 2201
	MIAMI FL 33156
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	P.O. BOX 162 456
	MIAMI PL 33116
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>. </u>
Name of New Registered AgentSUML YLO	istered agent
8950 SW	74th Court, Swite 2201
New Registered Office Address: MM M (City)	, Florida 331576 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	: with and accept the obligations of the position.
Signature of New Registered 2	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 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 Do	<u>oe</u>				
X Remove	Y	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		_		-			
Add							
Remove							
2) Change		-					
Add				**************************************			
Remove							
3) Change		_		-			
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove				*			
6) Change							
Add							
Remove							
I L Kemove							

amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
-	
,	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,	
	· · · · · · · · · · · · · · · · · · ·



The date of each amendment(s) adoption:	[*] [.] [.]	, if other than the			
date this document was signed	14 FEB 18 PH 4: 12				
Effective date if applicable:	TATE	<u> </u>			
(no more than 90 days after amendment file date) ORIOA					
Adoption of Amendment(s) (CHECK ONE)	·				
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)				
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled					
"The number of votes cast for the amendment(s) was	/were sufficient for approval				
by	22				
(voting group)					
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder				
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder				
Dated 2 10 14					
Signature By a director president prother	officer – if directors or officers have not been				
	in the hands of a receiver, trustee, or other court				
appointed fiduciary by that fiduci	iary)				
onst	INA M. OMIZ.				
(Typed	or printed name of person signing)				
ome	R I Registered Agen	<u> </u>			
	(Title of person signing)				