## P14000 041 195

(Request	or's Name)	
(Address)	)	
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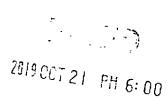
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ALEXANDRA CU	JESTAS PA	
DOCUMENT NUMB	P14000041195		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	PAUL FRANSON		
•		Name of Contact Persor	
	LEDGERPLUS		
		Firm/ Company	
	150 SOUTH UNIVERSITY I	DRIVE	
		Address	· #
	PLANTATION, FLORIDA	33324	
		City/ State and Zip Code	2
PFRA	NSON@LEDGERPLUS.CO	M	
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	at ( <sup>954</sup>	472-9144
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
	r the following amount made p		,
■ \$35 Filing Fee	☐S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ALEXANDRA CUESTAS PA

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14000041195	·
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The 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 abbreviation," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
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	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	onice address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	vistered Agent: I am familiar with and accept the obligations of the position.
Sian	nature 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 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 Doc	
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	p	DAVID PICHARDO	1251 NW 122ND TERR
Add			PEMBROKE PINES, FL 33026
x Remove			<del></del>
2) Change	p	ALEXANDRA CUESTAS	1251 NW 122ND TERR
X Add			PEMBROKE PINES, FL 33026
Remove			
3)Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			<del> </del>
Remove			
6) Change		<u> </u>	
Add			
Remove			

icles, enter change(s) here: (Be specific)
nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
numera in the amendment reserve

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
OCTOBER	16, 2019	
Dated	Jail Lichard	
selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	DAVID PICHARDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	