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(Re	equestor's Name)	
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

	TION: Law Office:		aldes, Inc.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
L	eticia L. Valdes		
		Name of Contact Perso	n
_ P	P.O. Box 18352	Firm/ Company	
<u>'</u>	.O. DOX 10002	Address	
<u>T</u>	ampa Florida 33		
		City/ State and Zip Cod	e
Letty	ValdesPA@gma	ail.com	
		sed for future annual report	notification)
For further information c	oncerning this matter, pleas	e call:	
Leticia L. Valde	es	_{at (} 813	, 998-9529
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

Law Offices of Leticia L. Vaides, Inc.		_
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
P15000014078		_
(Document Number of Corporation (it	`known)	-
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporation:		
Leticia Valdes, PA		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must	bbrevigion 5
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		contain the HM 25 PH 1:31
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 18352	PH 1: 31
, 5	Tampa Florida 33679	-
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	-
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	with and accept the obligations of the position.	
Signulare of New Registered A	igeni, ij enunging	

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			
Add			
Remove			
2) Change			
Add Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here	
(Attach additional sheets, if necessary). (Be specific)	
purpose is bu	<i>U</i>
<u> </u>	
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	<u> </u>
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If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(y mi upproace, material)	
	,

The date of each amendment(s) adoption: 03/16/15	, 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 east 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.	
3-16-2015	
Signature	
(By a director, president or 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)	
Leticia Valdes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	