(Re	equestor's Name)			
(Ac	dress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100276830351

09/14/15--01011---022 **85.00

SEP 17 2015

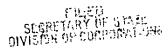
COVER LETTER *

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MANUEL CHAM	IZO JR P.A.	
DOCUMENT NUMB	ER: P15000023297		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
!	Manny Chamizo		
-		Name of Contact Person	n
-		Firm/ Company	
:	2401 S Douglas Rd.		
_	Address		
_	Miami, FL 33145		
		City/ State and Zip Cod	e
flacom	mercial@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Manny Chamizo		786at (4866655
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MANUEL CHAMIZO JR P.A.

15 SEP 14 AM 8: 25

MANUEL CHAMIZO JR P.A.	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P15000023297	
(Document	Number of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida States articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
_	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n jamitiar with and accept the obligations of the position.
Signatur	re 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>	Victoria Chamizo	POBOX 348425 Coralgables, FL 3323	
2) Change Add Remove				
3) Change Add Remove				
4) Change Add				
Remove 5) Change Add				
Remove		_		
Add			· —	

aitaen <i>addil</i>	or adding additional Ai ional sheets, if necessary)	(Be specific)			
-				•	
	•				
			_		
	· · · · · · · · ·				
					
			-		
f an amenc	lment provides for an ex	change, reclassific	ation, or cancella	ion of issued share:	s .
provisions	for implementing the an	nendment if not co	ntained in the am	endment itself:	_
(if not	applicable, indicate N/A)		•		
	<u>.</u>				
					
	<u></u>				

The date of each amendment(s) adoption:		f, if other than the
date this document was signed.		SECRETARY (F. 2 M.C.). OIVIC NOT POPE TIES THE
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	15 SEP 14 AM 8: 25
Note: If the date inserted in this block does not document's effective date on the Department of S	ot meet the applicable statutory filing requirements, to State's records.	this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amend pproval.	ment(s)
	shareholders through voting groups. The following s group entitled to vote separately on the amendment(s	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	,,	
(voti	ng group)	
☐ The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and share	reholder
☐ The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and sharehol	der
Dated 9/3/2015	Jam 80 cr.	
	dent or other officer – if directors or officers have not reportator – if in the hands of a receiver, trustee, or othe by that fiduciary)	
Manny Cha	m/zo, III	
President	yped or printed name of person signing)	
	(Title of person signing)	