P150000 38820

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Bu	ısiness Entity Naı	me)
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 15, 2015

MARIA ALEJANDRA OROZCO 11119 MANDERLY LANE WELLINGTON, FL 33449 US

SUBJECT: ALEJANDRA OROZCO REALTY INC

Ref. Number: P15000038820

We have received your document for ALEJANDRA OROZCO REALTY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 315A00010253

Please See Rouge #3 Section E

Hrank pou.

Fille Ceuts Orlober 561-644-1449

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alejandra Orozca	o Realty Inc
DOCUMENT NUMBER: P15000038820	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Maria Alejandra Orozco	
	Name of Contact Person
	Firm/ Company
11119 Manderly Lane	
	Address
Wellington, FL, 33449	
	City/ State and Zip Code
jgomez@jorgegomezequinevet.co	om
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
Paula Golden	at (561) 644-1449
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Alejandra Orozco Realty Inc				
(Name o	of Corporation as curren	ntly filed with the Florida Dept. of State)		
P15000038820				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the follow	ing amend	lment(s) to
A. If amending name, enter the new na	me of the corporation:			
Maria Alejandra Orozco, P.A.			The n	1 <i>PW</i>
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the "Co". A professional corporation name mus 1 "P.A."	abbreviat	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	15 J	SECF TALL/
		N/A		- ARTAR - ARTAR - ARTAR
			₽	MOL V
D. If amending the registered agent an new registered agent and/or the new			9:2	F STAT
	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	D M
Name of New Registered Agent	N/A		_	
	N/A		_	
		street address)		
New Registered Office Address:	N/A	, Florida	C 1)	_
		(City) (Zi	p Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Output		nt: r with and accept the obligations of the position	L.	
	Signature of New	Registered Agent, if changing	_	

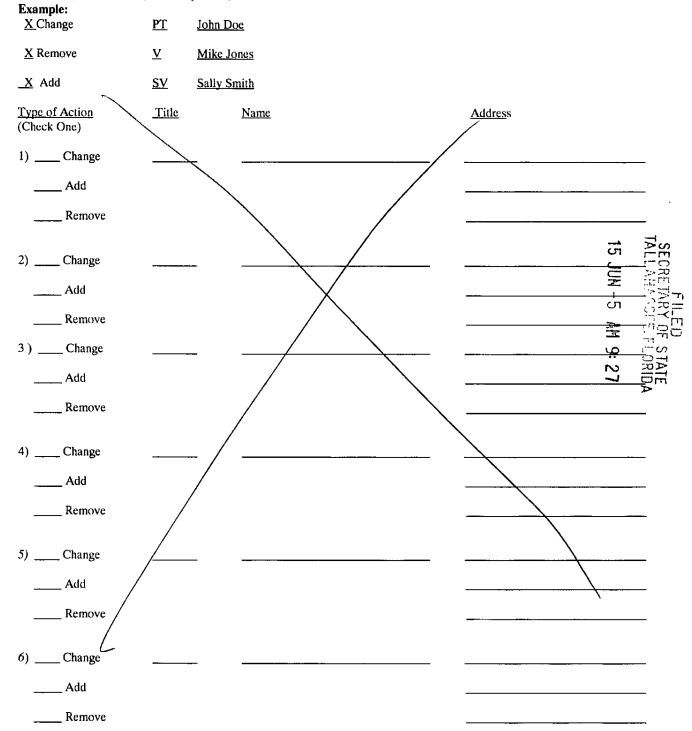
If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 P_{c} = 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.



F. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific) Business Curpol: Real Cashele Sales and Ren		
Human purpose: freat costore said from	V O,	
		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(ij noi applicable, maicule NA)		

date this document was signed.	option:	, if oth	her than the
Effective date if applicable:			
•	(no more than 90 days after amendment file 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 will partment of State's records.	not be 1	isted 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) ficient 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	,,	15	14. 35
	(voting group)	يا	CRE LAI
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	JUN -5	TARY
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	AM 9: 2	D OF STA E. FLOR
Dated 05/0	4/15	27	TEA
Signature	Mejanda GO LOC		
	rector, president or other officer if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court		
	ed fiduciary by that fiduciary)		
	Mana Mejandho (Nog 6) (Typed or printed name of person signing)		,
	(Typed or printed name of person signing)		
	Kresident	···	
	(Title of person signing)		