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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	AATION:	rilagnos Vir	rus P.A.
DOCUMENT NUMB	SER:	000039466	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	M	Name of Contact Person	hrer.
	943	Firm/Company Fontaine	33172.
	Mia	Mi, FL	33172.
•	·-	City/ State and Zip Code	
	millie @	millièreale	ctrite in
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mila	gros Alvare	z 305	1) 710 9383 le & Daytime Telephone Number
Name o	l Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section sion of Corporations	Amendment Section Division of Corporations	
	Box 6327		Building
	hassee, FL 32314		vecutive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of



MILAGROS VINAS, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000039466

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: May vos Alva name must be distinguishable and contain the word "corporation"	rez P.A. The
name must be distinguishable and confull the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
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 = 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>b1.</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>N'ame</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			
- Kelliove			
(i) Change			
Add			
Remove			

nding or adding additional Articles, enter change(s) here:	

	· <u>-</u> -
	
nendment provides for an exchange, reclassification, or cancellation of issued shares,	
fnot applicable, indicate N/A)	
MA	
	<u></u>
n ar	n amendment provides for an exchange, reclassification, or cancellation of issued shares, posisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: July 3, 2018, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
(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.
Signature <u>fillw Abra J</u>
Signature hilly Abra 3
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
fresident.
(Title of person signing)