Fax: (850) 617-6380 Division of Corporations Page 1 of 6 06/06/2017 3:42 PM

## lorida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : THE TAX TEAM Account Number : I20160000053

Phone : (305)269-8445

Fax Number

: (305)396-3896

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JENNIFER PEREZ PA

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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JUN 07 2017

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Help

From: The Tax Team Fax: (305) 600-1361

To:

Fax: (850) 817-6380

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## **COVER LETTER**

| TO: Amendment Secti<br>Division of Corpo |  |   | · · · · · · · · · · · · · · · · · · ·        |             |  |  |
|--|--|---|--|-------------|--|--|
|  |  |   |  |             |  |  |
| NAME OF CORPOR                           | ATION: JENNIFER PERE                   | Z PA  |  |             |  |  |
| DOCUMENT NUMB                            | ER. P15000055098                       |   |  |             |  |  |
|  |  |   |  |             |  |  |
| The enclosed Articles of                 | of Amendment and fee are st            | sbmitted for filing.                          | • •  |             |  |  |
| Please return all corres                 | pondence concerning this ma            | tter to the following:                        |  |             |  |  |
|  |  |   |  |             |  |  |
| •  | JENNIFER D                             | Name of Contact Perso  Parrill  Firm/ Company |  |             |  |  |
| •  |  | Name of Contact Perso                         | n  |             |  |  |
|  | Jennife                                | r Parrill                                     | g PA   |             |  |  |
| •  |  | Firm/ Company                                 |  |             |  |  |
|  | 175 SW 7 ST SUITE 2310                 |   | *,   |             |  |  |
| -  |  | Address                                       |  |             |  |  |
| 1  | MIAMI, FL 33130                        |   |  |             |  |  |
| -  | ************************************** | City/ State and Zip Cod                       | le   |             |  |  |
| IOP II                                   | EN@GMAIL.COM                           |   |  |             |  |  |
|  |  | sed for future annual report                  | notification)                                |             |  |  |
|  | L'interi routess, (10 00 a             | sea for ruture annique report                 | , nonnoung                                   |             |  |  |
| For further information                  | concerning this matter, plea           | se call·                                      |  |             |  |  |
| Tot taken mornator                       | contouring mis matter, pres            | 3C 04:11                                      |  |             |  |  |
| CARLOS PEREZ                             |  | at (305                                       | ) 269-8445<br>ode & Daytime Telephone Number |             |  |  |
| Name o                                   | f Contact Person                       | Area Co                                       | nde & Daytime Telephone Number               | <del></del> |  |  |
| Enclosed is a check for                  | the following amount made              | payable to the Florida Dep                    | artment of State:                            |             |  |  |
|  |  |   |  |             |  |  |
| \$35 Filing Fee                          | ☐\$43.75 Filing Fee &                  | ☐\$43.75 Filing Fee &                         | □\$52.50 Filing Fee                          |             |  |  |
| •  | Certificate of Status                  | Certified Copy                                | Certificate of Status                        |             |  |  |
|  |  | (Additional copy is                           | Certified Copy                               |             |  |  |
|  |  | enclosed)                                     | (Additional Copy                             |             |  |  |
|  |  |   | is enclosed)                                 |             |  |  |
| мы                                       | ing Address                            |   | Address                                      |             |  |  |
|  | ndment Section                         | Street Address Amendment Section              |  |             |  |  |
|  | sion of Corporations                   |   | on of Corporations                           |             |  |  |
| P.O. Box 6327                            |  | Clifton Building                              |  |             |  |  |
| Tallahassee, FL 32314                    |  | 2661 Executive Center Circle                  |  |             |  |  |
| 14/(4                                    | THE PART   THE PART   T                | Tallahassee, FL 32301                         |  |             |  |  |
|  |  |   |  |             |  |  |

Fax: (850) 617-8380

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17 JUN -5 AM 9: 30

Articles of Amendment 1955 

| JENNIFER PEREZ PA   | and the control of th |
|---|--|
| (Name of Corporation as curr  | ently filed with the Florida Dept. of State)   |
| P015000055098   | The state of the s |
| (Document Numb  | er of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, at Articles of Incorporation:   | this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corporation  | <u>R</u>   |
| ENNIFER PARRILLA PA   | The new  |
| name must be distinguishable and contain the word "corpor"<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of<br>word "chartered," "professional association," or the abbreviation | or "Co". A professional corporation name must contain the  |
| 3. Enter new principal office address, if applicable:   |  |
| Principal office address MUST BE A STREET ADDRESS )   |  |
|   |  |
|   | . 1  |
| C. Enter new malting address, if applicable:  |  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |
|   |  |
|   |  |
|   |  |
| D. If amending the registered agent und/or registered office : new registered agent and/or the new registered office add  | address in Florida, enter the name of the<br>lress:  |
|   | tari.  |
| Name of New Registered Agent  |  |
|   |  |
| (Pioria   | da street address)   |
| New Registered Office Address:  | , Florida  |
|   | (Ciry) (Zip Code)  |
|   |  |
| New Registered Agent's Signature, if changing Registered Ag   | Gent:  |
| hereby accept the appointment as registered agent. I am famil   | liar with and accept the obligations of the position:  |
| 1   |  |
|   | V/   |
|   | WA   |
| \ Signature of No   | ew Resistered Agent, if changing   |
|   | V  |

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:

To:

(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                      | PT Joh                                   | nn Doe      |                     |         |  |
|-------------------------------|--|-------------|---------------------|---------|--|
| X Remove                      | Y Mil                                    | ke Jones    |                     |         |  |
| X Add                         | SV Sal                                   | ly Smith    | 1, 1, 1, 1, 1, 1, 1 |         |  |
| Type of Action<br>(Check One) | <u>Title</u>                             | <u>Name</u> |                     | Address |  |
| 1)Change                      |  |             |                     |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |
| 2) Change                     |  |             | ·.                  |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |
| 3) Change                     |  |             |                     |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |
| 4) Change                     |  |             |                     |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |
| 51Change                      | <del></del>                              |             |                     |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |
| 6) Change                     | 1-12-12-12-12-12-12-12-12-12-12-12-12-12 |             |                     |         |  |
| Add                           |  |             |                     |         |  |
| Remove                        |  |             |                     |         |  |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |              |
|--|--------------|
| Changing to Jennifer Parrilla 1  | >Α,          |
| recently got married.  | - ,          |
|  | ••           |
|  | -            |
|  | -            |
|  | <del></del>  |
|  | <u>.</u>     |
|  | _            |
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|  | -            |
|  | <del>-</del> |
|  | •            |
|  |              |
|  |              |
|  | -            |
|  | -            |
|  | -            |
|  |              |
| 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)  |              |
|  | -            |
|  | _            |
|  | -            |
|  | <u>.</u>     |
|  |              |
|  | -            |
|  | -            |
|  | _            |
|  |              |

From: The Tax Team

Fax: (305) 600-1361

To:

Fax: (850) 617-6380

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| The date of each amendment(s) adopti  | on:  | , if other than the                          |
|---|--|--|
| date this document was signed.  |  |  |
| Effective date if applicable:   |  |  |
|   | (no more than 90 days after amendment fi   | le date)                                     |
| Note: If the date inserted in this block document's effective date on the Departm | does not meet the applicable statutory filing requinent of State's records.  | rements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the shareholders was/were sufficient         | by the shareholders. The number of votes cast for tent for approval.   | the amendment(s)                             |
|   | d by the shareholders through voting groups. The forvoting group entitled to vote separately on the amount           |  |
| "The number of votes cast for the   | ne amendment(s) was/were sufficient for approval.  |  |
| ьу  | (voting group)   |  |
|   | (voting group)   |  |
| _   | by the board of directors without shareholder action   | n and shareholder                            |
| The amendment(s) was/were adopted action was not required.                        | by the incorporators without shareholder action and  | i shareholder                                |
| 06/05/2017  |  |  |
| Dated   | Au?  |  |
| selected, by  | or, president or other officer – if directors or officers<br>an incorporator – if in the hands of a receiver, trusto |  |
| appointed to  | duciary by that fiduciary)   |  |
|   | Jennifer Parr  | -1119  |
|   | (Typed or printed name of person signing)  |  |
| PRE   | SIDENT   |  |
| <del></del>   | (Title of person signing)  |  |