P/50000 73378

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Nicole	Alvarez Ati	brney a	+ Law, PA
	R: P15 00007			<u>.</u>
The enclosed Articles of	Amendment and fee are sul	omitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
	A.1 +	1 - 41 -		
_	IVICO	Name of Contact Person	on	
_	Nicole	Alvarez A	Horney	
	-	Firm/ Company	7	
_	Nicole 1600 Pance	de Leon Address	loth	Floor
	Carol Ga	bles, FC 3	33134	
_		City/ State and Zip Co	de	
For further information of	E-mail address: (to be use	·	Sq., com rt notification)	
_ Nicole F	Huarez Contact Person	at (305	440	-0736 Telephone Number
Name of	Contact Person	Area C	Code & Daytime	Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida De	partment of Stat	e:
□ \$35 Filing Fee	\$\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		e of Status Copy al Copy
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amer Divis Clifte 2661	et Address adment Section and Corporation Building Executive Cent hassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000073378	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
Nicole Alvanez P.A.	The new [T]
Nicole Alvanz P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must of word "chartered," "professional association," or the abbreviation "P.A."	by tain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Caral Gables, FL 881	Blud 10th Fla 34
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Coval Gables, FL 3]	<u>d 10</u> th Floar 18134
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Nicole Alwaye2	
(600 Pence de Leon Blud 10th Fla	ev
New Registered Office Address: Coval GableS , Florida 33	134
(City) (Zip C	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change	-	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NA	
_	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(g	
NA	

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this ledocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved 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	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
Dated 2/2	7/16
Signature	Nul St
(By a c	rector, president of other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
	Nicole Alvanez
	(Typed or printed name of person signing)
	Ouver (Title of person signing)
	(Title of person signing)