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(Re	equestor's Name)				
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MAY 1 1 2016 C. CARROTHERS 2816 HAY -9 PM 2: 35 SECRETARY OF STABLE TALL AHASSEE FLORID

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION:	of Gonzalo Funes, P.A.			
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
	Gonzalo Funes				
•		Name of Contact Person	1		
	The Law Offices of Gonzalo	Funes, P.A.			
•		Firm/ Company			
	19300 West Dixie Hwy. Suit	- •			
-		Address			
	Miami, Florida 33180				
•		City/ State and Zip Code	e		
gonzal	oesquire@gmail.com				
gonza	· -	sed for future annual report	notification		
	L-man address. (to be a	sea for fatare amidal report	normeanon)		
For further information	concerning this matter, pleas	se call:			
Gonzalo Funes		at (<u>305</u>	987-3147		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to Articles of Inc	corporation		
The Law Offices of Gonzalo Funes, P.A.			
	y filed with the Florida Dept. of State))	
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendmo	ent(s) to
A. If amending name, enter the new name of the corporation: Funes Law, P.A.			
		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name		
B. Enter new principal office address, if applicable:	19300 W. Dixie Hwy. Suite # 10		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, Florida 33180		
•			
C. Enter new mailing address, if applicable:		2211 7AE	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			E
			promise pure gaspissure i su
			T;
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		1 2: 35 LORID	
Name of New Registered Agent			
(Florida str	cet address)		
•			
New Registered Office Address:	(City), Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		sition.	

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>PT</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>	Name	<u>Addres</u> s
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 adamona	l sheets, if necessary). (Be specific)	ange(s) here:			
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f an amendmen	t provides for an ex	change, reclassi	fication, or cand	ellation of issue	d shares,	
(if not appli	mplementing the an cable, indicate N/A)	nendment if not	contained in the	amendment its	<u>elf:</u>	
<u>//</u>						
		······				
	<u> </u>					

The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date <u>if applicable</u> : (no more than 90 day	rs after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated Nay 5, 2016 Signature Grand Ennes	_
Signature Comment Funder	
(By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	
Gonzalo Funes	
(Typed or printed name	of person signing)
President	
(Title of per	rson signing)