P16000015887

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: Funes Law, P.A.			
DOCUMENT NUMBER	P16000015887			
The enclosed Articles of A	tmendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
Go	nzalo Funes			
		Name of Contact Persor	1	
Fu	Funes Law, P.A.			
		Firm/ Company		
193	300 West Dixie Hwy. Suit	e #10		
		Address		
Mi	ami, FL 33180	·		
_		City/ State and Zip Code		
gonzaloe	squire@gmail.com			
-		sed for future annual report	notification)	
For further information co	ncerning this matter, pleas	e call:		
Gonzalo Funes		305	650-1235	
Name of C	ontact Person		de & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Depa		
■ \$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)	
Amendr Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Funes Law, P.A.		
(Name of Corporation	on as currently filed with the Florid	a Dept. of State)
P16000015887		
(Docum	ent Number of Corporation (if known	1)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	ntion adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:	
Res Law, P.A.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co". A professional of	incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		100000000000000000000000000000000000000
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	200 10 10 10 10 10 10 10 10 10 10 10 10 1
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		igations of the position.
Signo	sture of New Registered Agent if cha	noino

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>be</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
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					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, 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 v document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)	
☐ 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.	
11/08/16 Dated	
Signature 6mm Fund	
(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)	
Gonzalo Funes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	