

P/6000023348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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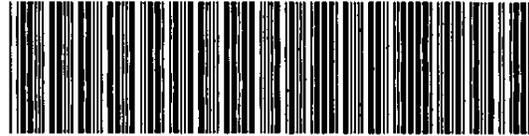
(Business Entity Name)

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C LEWIS

**ROLANDO E. LEIVA, C.P.A., P.A.**  
**LAKESIDE COMMONS OFFICE PARK**  
**7400 S.W. 50th TERRACE, SUITE 302**  
**MIAMI, FLORIDA 33155**  
**TELEPHONE # (305) 663-1511 FAX # (305) 663-3350**

**May 17, 2016**

TO: AMENDMENT SECTION  
DIVISION OF CORPORATIONS

FROM: ROLANDO E. LEIVA, C.P.A.

NAME OF CORPORATION: **ANA MARIELA GONZALEZ, PA**

DOCUMENT NUMBER: **P16000023348**

The enclosed Articles of Amendment submitted for filing. Please return all correspondence concerning this matter to the following:

ROLANDO E. LEIVA, CPA, PA  
7400 SW 50 TERRACE, SUITE 302  
MIAMI, FL 33155  
E-mail: [rolando@leiva.com](mailto:rolando@leiva.com)

For further information concerning this matter, please call:

**Rolando Leiva, CPA at (305) 663-1511.**

Respectfully submitted,

*Rolando E. Leiva, C.P.A.*

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

The name of the corporation: **ANA MARIELA GONZALEZ, PA**  
Document Number of Corporation: **P16000023348**

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:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 :

*(Florida street address)*

New Registered Office Address:

Florida (City) (Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.*

\_\_\_\_\_  
*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:**

<input checked="" type="checkbox"/> Change	<u>PT</u>	John Doe
<input checked="" type="checkbox"/> Remove	<u>V</u>	Mike Jones
<input checked="" type="checkbox"/> Add	<u>SV</u>	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Director</u>	<u>ANA M GONZALEZ</u>	<u>15024 SW 8<sup>TH</sup> LANE</u> <u>MIAMI, FL 33194</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>President</u>	<u>ANA MARIELA GONZALEZ</u>	<u>15024 SW 8<sup>TH</sup> LANE</u> <u>MIAMI, FL 33194</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secretary</u>	<u>ANA MARIELA GONZALEZ</u>	<u>15024 SW 8<sup>TH</sup> LANE</u> <u>MIAMI, FL 33194</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: MAY 10, 2016, 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 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):

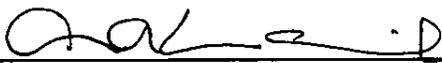
"The number of votes cast for the amendment(s) was/were sufficient for approval by

\_\_\_\_\_  
(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.

Dated MAY 10, 2016

Signature  

(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)

ANA M GONZALEZ  
(Typed or printed name of person signing)

REGISTERED AGENT AND OFFICER/DIRECTOR  
(Title of person signing)

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