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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AUBRY PAUL W	'ALCKIERS PA		
	DOCUMENT NUMBER: P16000032812			
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corre	spondence concerning this mat	iter to the following:		
	AUBRY P. WALCKIERS			
		Name of Contact Persor	l	
	AUBRY PAUL WALCKIERS PA			
		Firm/ Company		
	161 SW 28 RD			
		Address		
	MIAMI FL 33129			
		City/ State and Zip Code	:	
	mblueservices@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
AUBRY P. WALCK	IERS	at ( <u>305</u>	401-7636	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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 Incorporation of

AUBRY PAUL WALCIERS P.A.

(Name of C	orporation as currently filed with the Florida Dept. of State)	72
P16000032812		7
	(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follo	owing amendmen
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," "company," or "incorporated" or the mon "Corp," "Inc," or "Co". A professional corporation name mon," or the abbreviation "P.A."	ne abbreviation uist contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		
D. If a superdian the manintaned accept and (o	or registered office address in Florida, enter the name of the	
new registered agent and/or the new re		
Name of New Registered Agent		
_	(Florula street address)	
	ir toriau xirvet auurens)	
New Registered Office Address:	, Florida	<u> </u>
	(City)	(Zip Code)
New Registered Agent's Signature, if char	nging Registered Agent: d agent. I am familiar with and accept the obligations of the positi	ian
t nevery accept the appointment as registere	a agent. Tam jaminar wan ana accept the oralganous of the posto	ion.

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 Doc			
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add				-	
Remove					
2) Change					
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
Kellove					
6) Change			<del></del>		
Add					
Remove					

E. <u>If amending</u> (Attach <i>addi</i>	g or adding addition: itional sheets, if neces.	al Articles, enter change sary). (Be specific)	<u>(s) here</u> :		
	, Additional Service :	Any Service in USA			
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provisions	dment provides for a for implementing th applicable, indicate N	n exchange, reclassificate e amendment if not cont (////////////////////////////////////	ion, or cancellation of ained in the amendme	issued shares, ent itself:	
			-		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	August 15, 2017	
	(no more than 90 days after amendment file d	(atc)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action an	id shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder action acti	areholder
Augus Dated	15, 2015	
(By a selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, on the fiduciary by that fiduciary)	ve not been or other court
	AUBRY PAUL WALCKIERS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	