P160000 376 33

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800292322148

11/17/16--01022--011 **35.00

NOV 3 0 2016 C. CARROTHERS

TALLAHASSEC, FLORIDA





November 22, 2016

MARIA ELENA ASTORGA GUTIERREZ 16565 NE 26 AVE APT 6-I NORTH MIAMI BEACH, FL 33160

SUBJECT: MARIA ELENA ASTORGA GUTIERREZ PR, INC.

Ref. Number: P16000037633

We have received your document for MARIA ELENA ASTORGA GUTIERREZ PR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A SIGNATURE IS REQUIRED ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 116A00025087

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARIA ELENA	A ASTORGA GUTIERREZ,	PR,INC
DOCUMENT NUMBER: P16000037633		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
MARIA ELENA ASTORO	GA GUTIERREZ	
	Name of Contact Perso	n
MARIA ELENA ASTORO		11
	Firm/ Company	
16565 NE 26 AVE APT.	• •	
	Address	_
NORTH MIAMI BEACH,		
	City/ State and Zip Cod	
•	City/ State and Zip Cod	C
NQNMARIA3@ICLOUD.COM		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
MARIA ELENA ASTORGA GUTIERREZ	954	479-1754
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made		
S35 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	Amend Divisio Clifton	Address Iment Section In of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARIA	FLFNA	ASTORGA	GUTIERREZ.	PR INC
MAKIA		ASIUNUA	OUTERNEZ.	. I K.HNC

Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	nt Number of Corporation (if known) Statutes, this <i>Florida Profit Corporation</i> adopt	
Pursuant to the provisions of section 607.1006, Florida S		
·	Statutes, this Florida Profit Corporation adopt	- 1 - 6 11
		s the following amenoment(s) to
A. If amending name, enter the new name of the corp	poration:	
MARIA ELENA ASTORGA GUTIERREZ 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 ab	"Inc," or "Co". A professional corporation	or the abbreviation and ame must contain the
B. Enter new principal office address, if applicable:	SAME	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	7
		3
		NOV 21
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	(7)
maning unitess MAT BE A FOST OFFICE BUA		PH 4:
D. If amending the registered agent and/or registered	office address in Florida, enter the name of	<u>f the</u>
new registered agent and/or the new registered of SAME	fice address:	
Name of New Registered Agent		
SAME		
O.M.F.	(Florida street address)	SAME
New Registered Office Address:	, Flo	orida
	(I,HV)	

If amending the Officers and/or Directors.

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.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	P	SAME	SAME
Add			
Remove	-		
2) Change	VP	SAME	SAME
Add			
Remove			
3) Change			100
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
O Char			
5) Change Add			
Add Remove			
KCINOVE			

		_ 1.	_	~ c	^ •
	>	pecifi	5 Smt	ose 15	real esta
		Ü	`		
-					
					
					
					-
· · · · · · · · · · · · · · · · · · ·					
			-	\	
			- L		
					<u> </u>
					
			=		
					<u> </u>
an amendment prov	ides for an excha	ange, reclassific	ation, or cancellation	on of issued shar	es,
rovisions for implen	nenting the amen	ange, reclassific dment if not co	ation, or cancellation	on of issued shar adment itself:	es.
an amendment prov rovisions for implen (if not applicable,	nenting the amen	ange, reclassific adment if not co	ation, or cancellation ntained in the amei	on of issued shar adment itself:	ees,
rovisions for implen	nenting the amen	ange, reclassific adment if not co	ation, or cancellation the amer	on of issued shar odment itself:	cs.
rovisions for implen	nenting the amen	ange, reclassific dment if not co	ation, or cancellation ntained in the amer	on of issued shar odment itself:	es.
<u>rovisions for implen</u>	nenting the amen	ange, reclassific adment if not co	ation, or cancellation the amer	on of issued shar odment itself:	es.
<u>rovisions for implen</u>	nenting the amen	ange, reclassific dment if not co	ation, or cancellati ntained in the amei	on of issued shar odment itself:	es.
<u>rovisions for implen</u>	nenting the amen	ange, reclassific adment if not co	ation, or cancellatintained in the amer	on of issued shar odment itself:	·cs.
<u>rovisions for implen</u>	nenting the amen	ange, reclassific adment if not co	ation, or cancellatintained in the amer	on of issued shar odment itself:	es.
an amendment prov provisions for implen (if not applicable,	nenting the amen	ange, reclassific	ation, or cancellatintained in the ame	on of issued shar adment itself:	res,
<u>rovisions for implen</u>	nenting the amen	ange, reclassific	ation, or cancellatintained in the ame	on of issued shar odment itself:	res,

	11.9/2016
The date of each amendment(s) in	toption: if other than the
date this chomorene was signed	MEDIATE.
Effective date if applicable;	
	(no more than 90 days after amendment file daw)
Note: If the date inserted in this infocument's offcotive date on the De	clock does not meet the applicable summery filing arquirements, mis dute will not be listed as the patronne of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	igned by the shareholders. The marriser of votes cast for the amendment(s). The marriser of approval.
	proved by the shareholders through veting groups. The following scatament each voting group entitled to vote separately on the amountment's):
	for the amendment(s) was/were sufficient tor approval
by	(Soring group)
	(Coting group)
	press by the bound of directors without slautcholder action and shareholder
☐ The arrendment(s) was/were reli- action was not required.	epion by the incorporators without abateholder action and shareholder
11-9/2615 Dated	undless kt ze fuli en l
selecte	proctor prosiden or other objects in directors or officers have not been d, by an incorporator - in the bands of a receiver, trusted or other court ted fiduciary by that fiduciary;
	MNARIA ELENA ASTORGA GLITJERREZ
	(Typed as printed sume of posten signing)
	PRESIDENT
	(Title of person signing)