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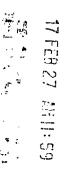


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MAR 02 2017 R. WHITE





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: OLY M TORRES	P.A.					
DOCUMENT NUMB	BER: P16000047509		 				
	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	OLY M TORRES						
		Name of Contact Persor					
	OLY M TORRES P.A.						
		Firm/ Company					
	17933 TIMBER VIEW ST						
	Address						
	TAMPA, FL 33647						
		City/ State and Zip Code	<u>. </u>				
ОТРО	0S2004@YAHOO.COM						
	•	sed for future annual report	notification)				
		•	,				
For further information	concerning this matter, pleas	se call:					
OLY M TORRES		at (482-1225				
Name o	of Contact Person	at (/2 /) 462-1223 Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)				
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle				

Tallahassee, FL 32301



Articles of Amendment

to
Articles of Incorporation
of

17 FEB 27 AH II: 59

OLY M TORRES P.A. (Name of Corporation as currently filed with the Florida Dept. of State P16000047509 (Document Number of Corporation (if known) 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: NINI TORRES P.A. 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: 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 <math>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	2			
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		<u>. </u>				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add		_				
Add						

If amending or adding additional Art Attach additional sheets, if necessary).	
	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s date this document was signed.) adoption:	, if other than th
Effective date <u>if applicable</u> : _		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s e sufficient for approval.)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
2/21/20 Dated	17	
Signature C	Tan	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator—if in the hands of a receiver, trustee, or other count ointed fiduciary by that fiduciary)	
	OLY M TORRES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	