216000 7252/

	(Requestor's Name)
	(Address)
	(Address)
HDI9 I	(City/State/Zip/Phone #)
	(Business Entity Name)
Certified Copies	
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	COVER LETTER	
O: Amendano Division o	of Corporations	
IAME OF C	ORPORATION: Angel R. Lopez, P.A.	
	NUMBER: P16000072521	
he enclosed	Articles of Amendment and fee are submitted for filing.	
lease return a	Il correspondence concerning this matter to the following:	
	Angel Lopez	
	Name of Contact Person	
ļ	Angel R. Lopez PA	
<u>'</u>	Firm/ Company	
	3900 NW 79th Ave.	
	Address	
	Doral, FL 33166	
ı	City/ State and Zip Code	
	arlopez_us@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
or further info	ormation concerning this matter, please call:	
 Angel Lopez	305 333-3537	
<u> </u>	Name of Contact Person Area Code & Daytime Telephone Number	
inclosed is a c	heek for the following amount made payable to the Florida Department of State:	
\$35 Fiting	Fee Substitute of Status Certified Copy Certificate of Status (Additional copy is enclosed) Fee Substitute Substitute Status Certified Copy (Additional Copy is enclosed)	
1	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

'\				
	Articles of Amendment	, }		
	· to	, ,		
	Articles of Incorporation	"		
ANGELO	of	1 1		
ANGEL K.	LOPEZ, P.A.		ļ	
	(Name of Corporation as currently filed with the Florida Dept. of State	}		
P160000	2521		i	
	(Document Number of Corporation (if known)			
irsuant to t	be provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporgion</i> adopts the 1	dlowing a	amendmer	ıt(s
Articles of	Incorporation:	}		
If amend	ing name, enter the new name of the corporation:			
		1 17	The new	
me must	e distinguishable and contain the word "corporation," "company," or "incorporated" o			ı
Corp., " "I	n.," or Co.," or the designation "Corp," "Inc," or "Co"./A professional corporation nam	e must co	ntain the	1
ord "chart	red," "professional association," or the abbreviation "P.A."			i
Enteres	y principal office address, if applicable:	1		
	fice address MUST BE A STREET ADDRESS	1 i		
,		1		!
•		1 = 1	7	
		12:3	- -	m
. Enter n	ew mailing address, if applicable;	1 三計	-5	-1
	address MAY BE A POST OFFICE BOX)	187		·
		1 ~ 4		
		1 17 1	PH 10: 45	ات.
			<u>:-</u>	1
		7 7 1	- 51	
<u>If amend</u>	ling the registered agent and/or registered office address in Florida, enter the name of the	1 1		-
new reg	stered agent and/or the new registered office address:	1 1		
Nau	ne of New Registered Agent	1 1		
1111		1		
		- -		
	(Florida street address)			
Nev	Registered Office Address:, Florida,	1 !		
	(City)	74р Со	de)	
ŀ		[]		
1				
ew Registe	red Agent's Signature, if changing Registered Agent:] (ŀ	
	ept the appointment as registered agent. I am familiar with and accept the obligations of the po	osition.	}	
		i i	}	
		1	}	
[]		- { ,	,	
	Signature of New Registered Agent, if changing			
]		1		
] '	i e	1	1	
],		1		
		j		

1			1	,	
-:					
address of e	ich Officer and/or D	Directors, enter the title and name of birector being added:	each officer/director being rem	oved and title, name, and	
Please note t	ional sheets, if necess he officer/director titl	le by the first letter of the office title:	TD. Tourton C - Chairm	an as Charts Chia	
Executive Of	i; v= vice President ficer; CFO = Chief i nt, Treasurer, Direct	t: T= Treasurer: S= Secretary: D= Dir Financial Officer. If an officer/director	holds more than one title, list th	elfirst letter of each office	
Changes show	ald be noted in the fo	llowing manner. Currently John Doe is orporation, Sally Smith is named the V	listed as the PST and Mike Jones	is listed as the V. There is	
		ly Smith, SV as an Add.	una 3. Prese siavula ve noma us i	The decimal of the second	
X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X 'Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	or <u>Title</u>	<u>Name</u>	Address		
l) Cha	nge		/	1 1	
Add					
Rer	nove				
2) Cha	ngd	- /	<u> </u>		
Add	nove				
	ango				
Add					
Rer	nove				
4) Cha	nge	_ /			
	1				
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5) Cha	nge				
Add	d /				
- Rer	nove				
6) Cha	nge				
_Add					
Rer	nove				
		Page 2 of 4			
11	1			 	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
ARTICLE DI CHANGE:	
FROM: TAX PLANNING, ADVISE AND COMPLIANCE SERVICES; ATTESTATION SERVICES;	
ACCOUTNING SERVCES; LITIGATION SUPPORT SERVICES; BUSINESS CONSULTING SERVICES	S
TO: 1. TAX LAW PLANNING, COMPLIANCE, ADVISORY AND AUDIT RESPRESENTATION SERV	ICES.
2. BUSINESS LAW COUNSELING AND ADVISORY SERVICES.	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
Page 3 of 4	

' . · ·			
The date of each	amendment(s) adoption:	N/A	$\frac{1}{3}$, if other than the
date this documer	nt was signed.	1	
Effective date if	annicable:	N/À	1
Encerve date in	(no more than 90) days after amendment file do	ate)	
	e inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this date wi	ll not be listed as the
Adoption of Am	endment(s) (<u>CHECK ONE</u>)	1	1
	int(s) was/were adopted by the shareholders. The number of votes cast for the a olders was/were sufficient for approval.	imendment(s)	
	ent(s) was/were approved by the shareholders through voting groups. The followrately provided for each voting group entitled to vote separately on the amenda		
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval		
by	(voting group)	}	1
₩ ₁	(voting group)	1	
action was not		1	
The amendme	ent(s) was/were adopted by the incorporators without shareholder action and shat required.	areholder	1
	Dated /// / 7 Signature Dated		
	(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
W	Rocile 1.		
	(Title of person signing)		