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C. GOLDEN OCT 31 2017.

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LAW OFFICES OF DIANA L. ZAPATA, P.A. DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diana L. Zapata
Name of Contact Person  Of DIANA L. ZAPATA, PA  Firm/ Company
2000 PONCE DE LEON BIVD, SUHE 500 - AS
(oral Gable), 12 33134
City/ State and Zip Code
For further information concerning this matter, please call:
Diana Zapata 31, 954, 822-0505
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 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: 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) 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

address of each Officer (Attach additional sheets Please note the officer/di	and/or E , if neces: rector titl	sary) le by the first letter of the office title:		
Executive Officer; CFO held. President, Treasure Changes should be noted	= Chief i er, Directe l in the fo ives the c	llowing manner. Currently John Doe is listed as the orporation, Sally Smith is named the V and S. These	than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is	;
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)	<u>Title</u>	Name N A	<u>Addres</u> s	
l) Change		NIA		
Add				
Remove		, 1		
2) Change		NA		
Add				
Remove		1110		
3) Change		1/1/2		
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i) Change				
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f amending or adding additional Article Attach additional sheets, if necessary).	(Be specific)	1
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provisions for implementing the amend	nge, reclassification, or cancellation of issued shares,  Iment if not contained in the amendment itself:	ļ
(if not applicable, indicate N/A)		
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date this document was signed.	n outer utan the
Effective date if applicable: 11/01/2017	
(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 document's effective date on the Department of State's records.	be listed as the
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.	1
☐ 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)	
(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	
agtion was not required.	
Dated	
Signature (Partition of the Control	
(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)	
Diana L Espatu	
(Typed or printed name of person signing)	
plesident	
(Title of person signing)	