## P14000087493

(R	equestor's Name)	<del></del>
(A	ddress)	
(А	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
<u>→</u>	usiness Entity Nai	me)
	domest Entry Mar	mo,
(D	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	- Ciling Officer	
Special instructions to	o rilling Officer.	

Office Use Only



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## **COVER LETTER**

TO: Amendment Section

Division of Corp	porations		·
NAME OF CORPO	RATION:	ER INC	
DOCUMENT NUM	BER: P16000087693		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	CARLOS BRESCIA		
		Name of Contact Pers	on
	DOCTOR LIMON CORP		_
		Firm/ Company	
	7700 NORTH KENDALL	RIVE, SUITE 401	
		Address	
	MIAMI, FL 33156		
7		City/ State and Zip Co	de
z - Car	LOS@DRLIMON.COM		
	_	sed for future annual repor	rt notification)
For further information	on concerning this matter, pleas	se call:	,
KHRYSTEL MELEI	NDEZ	at (	960 7372
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amer Divis Clifto 2661	t Address Idment Section Idment Section Idment Section Idment Sections In Building Executive Center Circle Inassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>Name of Corporati</u>	ion as currently fil	ed with the Florida Dept. of State	)	
16000087693				
(Docur	ment Number of Co	rporation (if known)		
rsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	a Statutes, this <i>Floi</i>	rida Profit Corporation adopts the f	ollowing a	ımendme
If amending name, enter the new name of the co	orporation:			
			7	he new
me must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co"	'. A professional corporation nam	r the abb	reviatio
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD				<del></del>
	_		<b>3</b> 500	201
•	_			21-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>)X</b> )		٠٠٩ سري	35.
(Williams and the state of the	-		z )	Ce
	-		.=	75.
	_		** **	<u>بب</u>
If amending the registered agent and/or registenew registered agent and/or the new registered	red office address office address:	in Florida, enter the name of the		<u> </u>
Name of New Registered Agent			<u>.</u>	
	(Florida street a	ddress)		
New Registered Office Address:		, Florida_		
	(City	V)	(Zip Co	de)
ew Registered Agent's Signature, if changing Reg	gistered Agent:			
hereby accept the appointment as registered agent.		and accept the obligations of the po	sition.	

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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	JOSE A COMBINA	13766 SW 84 ST	
Add			MIAMI, FL 33183	
X Remove				
2) X Change	P	CARLOS BRESCIA	13766 SW 84 ST	
Add			MIAMI, FL 33183	
Remove				
3) X Change	VT	CARMEN F TERRAZAS PUGA	13766 SW 84 ST	
, Add			MIAMI, FL 33183	
Remove				
4) Change			_1_1_1 = 500 to	
Add				_
Remove				_
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
<del></del>	
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself; f not applicable, indicate N/A)

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as a artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	."
•	(voting group)
☐ The amendment(s) was/were add action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	ted by the incorporators without shareholder action and shareholder
Signature	1111
(By a diselected	by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiduciary)
·	CARLOS BRESCIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)