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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ANA VAZQUEZ	REALTOR, PA	A			
DOCUMENT NUME						
	of Amendment and fee are su	bmitted for fili	ng.			
Please return all corres	spondence concerning this ma	tter to the follo	wing:			
	ANA MARIA VAZQUEZ					
		Name of C	ontact Person	1		
	ANA VAZQUEZ REALTOF	R, PA				
	•	Firm/ (Company			
	724 NE 15TH STREET					
		Ad	dress			
	FORT LAUDERDALE FLO	RIDA 33304				
		City/ State	and Zip Code	e		
ANA.	VAZQUEZ.REALTOR@GN	AIL.COM				
	E-mail address: (to be us		nnual report	notification)		
For further information	concerning this matter, pleas	se call:				
ANA MARIA VAZQ	UEZ	at t	954	6188859		
Name o	of Contact Person		Area Co	de & 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 Fi Certified ((Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mai</u>			Address			
	ndment Section			ment Section		
	sion of Corporations Box 6327	Division of Corporations				
Talla	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANA VAZQUEZ REALTOR, PA

ANA VAZQUEZ REALTUR, FA				
(<u>Name</u>	of Corporation as currently	filed with the Florida	Dept. of State)	
P17000009853				
	(Document Number of	Corporation (if known)	,	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporat	tion adopts the followi	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
ANA MARIA VAZQUEZ P.A.				Tri
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional co	ncorporated" or the operation name must	The new abbreviation contain the
B. Enter new principal office address,	if applicable:		<u> </u>	温二加
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			Sec. 3 0
 C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered agent an	OFFICE BOX) ad/or registered office addreweregistered office address:	ss in Florida, enter th	e name of the	500000
Name of New Registered Agent	TAX CARE DORAL			_
	1400 NW 107TH AVENUE	SUITE 430		
	(Florida stree	t address)		
New Registered Office Address:	SWEETWATER		, Florida ³³¹⁷²	
non Nogistered Office Hadress.	(0	lity)	······	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. Aum familiar wi	th and accept the oblig		_

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	1	
X Remove	<u>v</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>]</u>	Name	<u>Addres</u> s
1) Change				
Add				
Remove				*****
2) Change				
Add				
Remove				
3) Change			ry - region to the late of	<u> </u>
Add				
Remove				
4) Change		_ _		
Add				
Remove				
5) Change				
Add				
Remove			·	
6) Change				
Add				
Remove				

	ets, if necessary).	(Be specific)			
		_			
		Nr4			
		_			
				-	
					<u></u>
<u> </u>	·				
	ovides for an exc	hange, reclassifie	cation, or cancella	tion of issued shar	es.
an amendment pro	menting the am	endment if not co	ontained in the am	iendment itself:	
provisions for imple	e, inaicate IV/A)				
an amendment proprovisions for imple (if not applicable)					
provisions for imple			, <u></u>		
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
encenve date in 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	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suit	pted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
APRIL 25th	2017	
Dated	In Haria Va Zzwez	
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other count of fiduciary by that fiduciary)	
	ANA MARIA VAZQUEZ	
-	(Typed or printed name of person signing)	<u> </u>
I	PRESIDENT	
-	(Title of person signing)	