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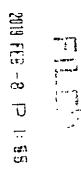
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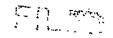
MOLECULE CONTROL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DESIREE AVILA	WILCOX, PA				
DOCUMENT NUMBER	R: P17000012806					
	Amendment and fee are sul	bmitted for filing.				
Please return all correspo	ndence concerning this mat	ter to the following:				
DI	ESIREE AVILA					
		Name of Contact Person	1			
D	DESIREE AVILA WILCOX, PA					
	•	Firm/ Company				
16	55 NW 41ST ST.					
_	Address					
O.	OAKLAND PARK FL 33309					
_		City/ State and Zip Code	e			
DESIRE	E@DESIREFAVILA.CO	М				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information c	oncerning this matter, pleas		993-4246			
	Contact Person	at () 993-4246 de & Daytime Telephone Number			
	contact Person ne following amount made p					
■ \$35 Filing Fee	□S43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



DESIREE AVILA WILCOX, PA

(Name of Corporation as curren	tly filed with the Florida Depth State) - 8 P 1: §5
P17000012806	1- 6 1- 95
(Document Number	of Corporation (if known)
	the same of the sa
ursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
DESIREE AVILA, PA	The new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
nte at al da la a a a da da lace a	the state of the s
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address 	
	_
Name of New Registered Agent	
(Florida s	treet address)
Nav Pagistavad Offica Address:	Elorida
New Registered Office Address.	(Cirv) (Zip Code)
New Registered Office Address:	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	it:
hereby accept the appointment as registered agent. I am familian	
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 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 Do	<u>ıc</u>				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>				
X Add	\underline{SV}	Sally Sn	nith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
l) Change							
Add						•	 .
Remove							
2) Change		_					····
Add							
Remove							
3) Change							
Add							
Remove							
4) Change	 -	 -					
Add							
Remove							
5) Change			-				
Add							
Remove							· ·
C) CIL							
6) Change	•	_					
Add							
Remove					•		

If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
PLEASE AMEND EIN # TO 30-0995973	
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
•	

The date of each amendment(s) add	pption: FEB 6, 2014	, if other than the
date this document was signed. FEI	3 <i>(p</i> D ₂ 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(sticient for approval.	s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statements are voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholde	nt.
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
FEBRUARY Dated	7 6 2019	
Signature	Désiré Aul	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	1
i	DESTREE AVILA	
_	(Typed or printed name of person signing)	
E	PRESIDENT	
_	(Title of person signing)	