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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PEDIKIDZ OF FL	JORIDA, CORP	
DOCUMENT NUMI	BER: P17000037916		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	VICTOR PENA		
		Name of Contact Person	n
		Firm/ Company	
	15273 SW 28TH TERRACE	:	
	MIAMI, FL 33185	Address	
		City/ State and Zip Cod	e
ea@1	stchoicetaxrelief.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
VICTOR PENA		786	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
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

PEDIKIDZ OF FLORIDA, CORP

(Name of Corneration as curr	rently filed with the Florida Dept. of State)
P17000037916	reiny med with the Figure 1969, ovisiate
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>
NA	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviat.	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	SE
C. Enter new mailing address, if applicable:	NA SEE CO
(Mailing address MAY BE A POST OFFICE BOX)	
	0 2 2 ·
	Dr
D. Harris H. Harris day of a constant of the	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ade 	
NA Name of New Registered Agent	
(Florie	da street address)
New Registered Office Address:	. Florida
rewritegate da vijyee ridd eild.	(City) (Zip Code)
New Posistand Amont's Cinnature if the air Decistand A	and.
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
Signature of N	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.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Director	Alan Friedman	9301 SW 56TH STREET STE C
Add			MIAMI, FL 33165
X Remove			
2) Change	Director	Arlene Torres	9301 SW 56TH STREET STE C
Add			MIAMI, FL 33165
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sl</i>	ling additional Article heets, if necessary).	(Be specific)			
					
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<u>.</u>		······································			
			 		
 				_	
16					
provisions for im	provides for an excha plementing the amend	dment if not contain	ed in the amendmen	itself:	
(if not applica	ible, indicate N/A)				

				-	

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: (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 document's effective date on the Department of State's records.	e will not be listed as
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.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemer must be separately provided for each voting group entitled to vote separately on the umendment(s):	rt.
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voing 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 action was not required.	
Dated	
Signature (By a disease and the second of th	
(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)	
PRESIDENT	
(Typed or printed name of person signing)	
VICTOR PENA	
(Title of person signing)	

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