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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: DEMIAN EZEQUIEL PACK, P.A.
DOCUMENT NUMBER: P 17 000049 746
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEMIAN EZEQUIEL PACK
Name of Contact Person
DEMIAN EZERVIEL PACK, P.A.
Firm/ Company
3530 MYSTIC PEINTE DR. #1105
AVENTURA FL - 3318C City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
L-,
For further information concerning this matter, please call:
City/ State and Zip Code DEMIAN @ FACK. IM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEMIAN E. PACK at (786) SOS - 8009
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
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

DEMIAN EZEQUIEL PACK

(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 S its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation adopts the	following amendment(s
•			
A. If amending name, enter the new name of the corp	poration: DE	MIANE. PACK, T	7. ★ .
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co	'. A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:	_		
(Principal office address MUST BE A STREET ADDR	<u>(E.S.S.</u>)		
	-		
	-		No.
C. Enter new mailing address, if applicable:			G 72
(Mailing address <u>MAY BE A POST OFFICE BOX</u>))		
	<u>-</u>	<u> </u>	<u> </u>
			PH 12: 25
	-		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the name of the	25 110:
-	-		·* * ;
Name of New Registered Agent	_		
	(Florida street d	address)	
New Registered Office Address:	(Cit	, Florida	(Lip Code)
	(Cir	v)	(zip Code)
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I d	am familiar with	and accept the obligations of the	position.
	. 0		
Signati	ure of New Regis	stered 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	<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>	<u>Name</u>	Address
1) Change			/
Add			
Remove			/
2) Change		/	
Add		·/	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		/	
Add		,	
Remove			
6) Change	/ 		
Add			
Renrove			

Attach additional sheets, if i	necessary). (Be spec	change(s) here:		
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an amendment provides	for an exchange recla	assification, or can	cellation of issued sha	rec
rovisions for implementi				
(if not applicable, indic	cate N/A)			
		<u> </u>		
		_		

The date of each amendment(s) adoption: TVLY 10, Zc (7) date this document was signed.	, if other than the
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.	will not 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.	
☐ 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 action was not required.	
Daved 1014 to, 2017	
Dated	
(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)	
DEMIAN E. PACK	
(Typed or printed name of person signing)	
President	
(Title of person signing)	