

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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(Do	cument Number)	
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JUN 28 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: J BUJANS P.A.		
DOCUMENT NU	MBER: P17000050764		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	JOSE ADOLFO LOPEZ BU	JANS	
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
	J BUJANS P.A.		
		Firm/ Company	
	15690 SW 82ND CIRCLE L	ANE APT 910	
		Address	
	MIAMI, FL 33193		
		City/ State and Zip Code	
ia	ılbujans@gmail.com		
-	•	sed for future annual report notification)	
	ation concerning this matter, pleas	se call: 786 419 - 5716	
Na	me of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	© \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

(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 Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: JOSE ADOLFO LOPEZ BUJANS P.A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address: N/A (Florida street address) N/A (Florida street address) N/A Florida	J BUJANS P.A.		17	
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(Florida street address) New Registered Office Address: N/A I Florida . Florida	Name of New Registered Agent	N/A		
New Registered Office Address:, Florida, Florida				
New Registered Office Address:, Florida, Florida		(Florida :	street address)	
(City) (Zip Code)	<u>New Registered Office Address:</u>			Zip Code)
	New Registered Agent's Signature, if c	hanging Registered Age	nt:	
New Registered Agent's Signature, if changing Registered Agent:	I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligations of the positi	on.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_ _		
Add				
Remove				
5) Change				
Add		_ 		
Remove				
Kemove				
6) Change	 -			
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
E 16ddddddfo	hanna madessification on compellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) addate this document was signed.	option:	, if other than th
Ç		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this bldocument's effective date on the Dep	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the an	nendment(s)
	roved by the shareholders through voting groups. The followie each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado action was not required. 06/15/2017 Dated	pted by the incorporators without shareholder action and share	eholder
Signature		<u>.</u>
selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	JOSE ADOLFO LOPEZ BUJANS	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)