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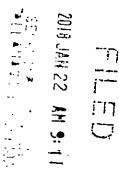
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COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION: G, MES	SA & ASSOCI	ATES P.A.
DOCUMENT NUMBE	R: PH 0000	57589	·
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.	
Please return all correspo	indence concerning this ma	itter to the following:	
_	GIOVANI HESP		
		Name of Contact Perso	n
_			
	Firm/ Company		
_	710 NW 98th Circle		
	Address Discrete tiple		
_	Piantation + 33324 City/ State and Zip Code		
E-mail alidress: (to be used for future annual report notification)			
	n-mail aparess: (to be us	sed for future annual report	notification)
For further information of	onceming this matter, pleas	se call:	
Glovami	Hesa	at (954	de & Daytime Telephone Number
Name of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne 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			Address
Amendment Section Division of Corporations			Iment Section on Officerations
P.O. Box 6327			Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Inco of	rporation			
6.HESA & 7880	CIATES P.A.			
	filed with the Florida Dept. of State	 <u>e</u>)		
DOOD H J	57589	_		
(Document Number of	<u> </u>			
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Iorida Profit Corporation adopts the	following	amendn	nent(s) to
A. If amending name, enter the new name of the corporation:				
G.MESA LAW. D.A.			rka wa	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	Co". A professional corporation nan	or the abb	rne ne previatio pntain th	w on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
C. Enter new mailing address, if applicable:	1.11			
(Mailing address MAY BE A POST OFFICE BOX)	N/A		7018	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	¥	~	•
new registered agent and/or the new registered office address:			>	
Name of New Registered Agent	N/A		ب	ب
	Ţ			
(Florida stree	et address)			
New_Registered Office Address:	Ulonida			
	, Florida_ City)	(Zīp Co	de)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the p	osition.		
. , , , , , , , , , , , , , , , , , , ,	and the property and the property and proper			
Signature of New Reg	gistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change			<u>N/H</u>
Add			·
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
on additional sneets, if necessary). (Be specific)
A
amendment provides for an exchange, reclassification, or cancellation of issued shares,
visions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NH

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	7
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK O	
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	lders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharch must be separately provided for each voting group e	
"The number of votes east for the amendment(s	s) was/were sufficient for approval
bv	
by	(p)
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder
DatedSignature	
	other officer - if directors or officers have not been
selected, by an incorporato appointed fiduciary by that	r – if in the hands of a receiver, trustee, or other court fiduciary)
6	IOVANI MESA
	or printed name of person signing)
	DPST
	(Title of person signing)