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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LUIS A. BOBAINA GOZALEZ MPPA DOCUMENT NUMBER: P170000735707
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Wis A. Robaina Conzalez MD PA Firm/Company 12999 5W 42 St. Address Miramor, FL 33027 City/State and Zip Code doctor cobaina 2015 @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis A. Robaina a. 305, 5197667
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:
S35 Filing Fee S43.75 Filing F
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

FILED

	to		
	Articles of Incorporation		17 SEP 28 AH 10: 11
	of .	10 0 n	Secretion HITO:
Luis A. Kobaina	tonzate2	INALT	AFT TELET OF SHAFE
(Name of Corporati	on as currently filed with	the Florida Dept. of	State) State
(Docum	ent Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Prof	<i>it Corporation</i> adopt	s the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:		
Luis A Rabaina	mo PA		71
name must be distinguishable and contain the wor	d "corporation" "compar	ıv." or "incorporate	The new ed" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.	" "Inc," or "Co". A pro,	fessional corporation	i name must contain the
word "chartered," "professional association," or the	abbreviation "P.A."		
B. Enter new principal office address, if applicable	:	Same	·
(Principal office address MUST BE A STREET ADL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	V)	Same	, -
(Mutting address <u>MAT BE A FOST OFFICE BO</u>	<u></u>		• 35.4 ÷ 3 0.
D. If amending the registered agent and/or register		la, enter the name o	<u>f the</u>
new registered agent and/or the new registered	` ^ ~ .		
Name of New Registered Agent	115 A. Kobai	<u>na</u>	
12	999 511 45	2 5+.	
	(Florida street address)	<u> </u>	
	Miramar		33027
New Registered Office Address:	(City)	, Flo	orida JOCX J (Zip Code)
	(6.00)		64
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with an dsacce	pt 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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	Luis A Robaina Garak	EZ 12999 SU 425+
Add			Miromar, FL 3502
X Remove			
2) Change	<u>P</u>	Luis A. Robaina	12999 500 4251
X Add			Miramar, FL 33027
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendm	ent provides for an ex	change, reclassification	on, or cancellation of	issued shares,	
provisions for	implementing the an olicable, indicate N/A)	iendment if not conta	ined in the amendme	nt itseir:	
(if not any					
(if not app	NX				
(if not app	1				
(if not ap _i	`				
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: Sold Sold
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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"
☐ 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 9/30/201
Signature (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)
(Typed or printed name of person signing)
President (Title of person signing)