P17000082703

(Re	equestor's Name)	_
(Ad	ldress)	
()	,	
(Address)		
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	isiness Entity Nan	ne)
	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations	т.
Acosta & Lichter, P.A. NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Erik Lichter	
Name Acosta & Lichter P.A.	of Contact Person
F 5805 Blue Lagoon Drive, Suite 165	irm/ Company
Miami, Florida 33126	Address
City/	State and Zip Code
E.Lichter@AcostaLichterPA.com	
E-mail address: (to be used for fur	ture annual report notification)
For further information concerning this matter, please call:	
Erik Lichter	305 982-7886
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:
Certificate of Status Certi	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status tional copy is Certified Copy sed) (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

FILED

Acosta & Lichter, P.A.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000082703	UTURETALLA OF STAFL VITAHASSEE, ELORE
(Document	t Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation:	tatules, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corpo	oration:
ame must be distinguishable and contain the word "	"corporation," "company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," 'ord "chartered," "professional association," or the abb	"Inc." or "Ca" A professional corporation name must contain the
. Enter new principal office address, if applicable:	5805 Blue Lagoon Drive
Principal office address MUST BE A STREET ADDRE	Suite 165
	Miami, Florida 33126
. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	5805 Blue Lagoon Drive
(MANUAL DE A TOST OFFICE BOX)	Suite 165
	Miami, Florida 33126
. If amending the registered agent and/or registered onew registered agent and/or the new registered office	office address in Florida, enter the name of the ce address:
Name of New Registered Agent Erik Lichter	
5805 Blue	e Lagoon Drive, Suite 165
	(Florida street address)
New Registered Office Address: Miami	Florida ³³¹²⁶
	(City) (Zip Code)
w Registered Agent's Signature, if changing Register ereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the obligations of the position.
EA	
Signature	of New Registered Agent, if changing

Address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I if neces frector tit Presiden Chief r, Direct I in the fo	Director being added: sary) le by the first letter of the c t; T= Treasurer; S= Secre Financial Officer. If an o or would be PTD. ellowing manner. Currentle corporation, Sally Smith is	and name of each officer/director being removed and title, name, and iffice title: tary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief fficer/director holds more than one title, list the first letter of each office y John Doe is listed as the PST and Mike Jones is listed as the V. There is named the V and S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_ 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		 	
Add			

_ Remove

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(Be spec	ecific)		
Year annual and the second and the s			
If an amendment provides for an exchange, recl	lassification, or cancellation of issued shares,		
provisions for implementing the amendment if	I not contained in the amendment itself:		
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption: date this document was signed.	if other than the
•	
Effective date if applicable:	
(no more t	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	rs through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by	,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
May 29, 2019	
Dated	
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 fiduc Erik Lichter	lary)
CITY LICITED	
(Typed or pri	nted name of person signing)
Owner	ned hame of person signing)
T)	itle of person signing)