P1700085507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALL A HASSEF FI

C. GOLDEN 0CT 22 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kohyi Sanchez P.	.A.	
	BER:		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	Alberto K. Sanchez		
		Name of Contact Perso	on
		Firm/ Company	
	2740 E Oakland Park Blvd #	/303	
		Address	
	Fort Lauderdale, FL 33306		
		City/ State and Zip Coo	le
sanch	ezak@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Alberto K. Sanchez		at (821-9278
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)
	ing Address	Street	Address
	ndment Section	Amendment Section	
	ion of Corporations		n of Corporations
P.O. Box 6327 Tallahassee, FL 32314			Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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(Name of Corporation as current	
P17000085507	tly filed with the Florida Dept. of State) ALL AHASSEE, FL
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Alberto K. Sanchez P.A.	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or " word "chartered," "professional association," or the abbreviation "	() A protoccional annual :
B. Enter new principal office address, if applicable:	2740 E Oakland Park Blvd #303
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Lauderdale, FL 33306
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	134 S Cypress Rd #417 Pompano Beach, FL 33060
. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent (Florida stree	vet address)
Name of New Registered Agent (Florida stree New Registered Office Address:	et address), Florida City) (Zin Code)

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	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		_
		-
		-
an amendment provides for an excha	nange, reclassification, or cancellation of issued shares, and in the amendment itself:	
What and in the test of the	nament it not contained in the amendment user.	
(if not applicable, indicate N/A)		
(y noi appucavie, indicale N/A)		
(y noi appucaoie, indicale NIA)		-
(g noi appucaoie, indicate N/A)		
(g noi appucaoie, indicate N/A)		
(g noi appucaoie, indicate N/A)		
(y noi appucaole, indicale N/A)		
(y noi appucavie, inducate N/A)		

The date of each amendment(s) add	option:	, if other than the
date this document was signed.	· ·	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.)
☐ The amendment(s) was/were appromist be separately provided for the separately provi	roved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	ut
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
bv	· ·	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
10/5/2018		
Dated		
Clamatura		
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	 :
	Alberto K. Sanchez	
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	