# P17000089116

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Capriles Law, P.A. DOCUMENT NUMBER: P17000089116 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Claudia R. Capriles Name of Contact Person Capriles Law, P.A. Firm/ Company 121 Alhambra Plaza - Suite 1500 Address Coral Gables, Florida 33134 City/ State and Zip Code Claudia@CaprilesLaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 330-9293

Area Code & Daytime Telephone Number Claudia R. Capriles Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

/N'	al . 691 . 1 . 121 . 1 . 122 . 1 . 123			
(Name of Corporation as curren	tly tiled with the Florida Dep	t. of State)		
17000089116	·			
(Document Number	of Corporation (if known)			
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation a	dopts the follow	ving am	endmer
If amending name, enter the new name of the corporation:				
			Tri	
me must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or or "chartered," "professional association," or the abbreviation	"Co". A professional corpora			viation
Enter new principal office address, if applicable:	121 Alhambra Plaza			
rincipal office address MUST BE A STREET ADDRESS )	Suite 1500			
	Coral Gables, FL 33134			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	121 Alhambra Plaza	SECRA	2019 JU	
	Suite 1500	22	2 2	Factoria Taranta
	Coral Gables, FL 33134	SS ST	<b>≥</b>	77
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		ne of the The	8: 25	O
Name of New Registered Agent	·			
121 Alhambra Plaza - Su	ite 1500			
(Florida s	treet address)			
		E 33134	ļ	
New Registered Office Address: Coral Gables		. Florida		

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,

Mike Jones, V as Remove Example:	z, and Sal	ly Smith, SV as an Add.	
X Change	PT	John Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	<del></del>	<del>-</del>	
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Mtach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an excha	inge, reclassification, or ca	ncellation of issued sha	ares,
rovisions for implementing the amen (if not applicable, indicate N/A)	ament if not contained in t	the amendment itself:	
	<del></del>		
			<del>-</del>

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
June 17, 2019	
Signature August Agricus	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – it in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	.rt
Claudia R. Capriles	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>