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TO KAY IN KANES

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Michelle Lynn G	omez P.A.	
DOCUMENT NUMB		300021944	
The enclosed Articles of	f Amendment and fee are s	•	
Please return all corresp	oondence concerning this m	atter to the following:	
;	Michelle Gomez		
-		Name of Contact Perso	<u> </u>
-		Firm/ Company	
_	1015 E. Sunrise Blvd #306		
_	Address		
1	Fort Lauderdale, FI, 33304	<u> </u>	
		City/ State and Zip Cod	le
michel —	legomezrealtor@gmail.com	1	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Michelle Gomez		at (310	809-7163
Name of Contact Person		at (310) 809-7163 Area Code & Daytime Telephone Number	
inclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MICHELLE LYNN GOMEZ P.A.

(Name of Corporation as curren	ntly filed with the Florida Dept. of	State)	
P18000021944		<u> </u>	
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	ús Florida Profit Corporation adopt	s the following amen-	dment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		271	
name must he distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation	The d" or the abbrevia name must contain	tion
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			<u>~</u>
	-		
		14.11	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	, •	
		17	
		15	4
			_
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of	the	
N// S	<u> </u>		
Name of New Registered Agent (NIA)	- ,	 _	
	street address)		
New Registered Office Address: N/A	, Flor	rida	_
	(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the	he 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	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	te Jones	
<u>X</u> Adđ	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name &<₹`\	<u>Addres</u> s
1) Change	wino.	Michelle Lynn Gomez P.A.	1015 E. Sunrise Blvd #306
X Add		-	Fort Lauderdale, Fl, 33304
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			- <u></u>
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

₹/A	, if necessary).	cles, enter change(s (Be specific)			
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		· <u> </u>	<u> </u>	<u> </u>	<u>-</u>
	lac for an araba	nge, reclassificatio	n, or cancellation o	f issued shares,	
If an amendment provid	-4! 4L	4.0			
provisions for impleme	nting the amen	dment if not contai	ned in the amendm	ent itself:	
(if not applicable, in	nting the amen	dment if not contai	ned in the amendm	<u>ent_itself:</u>	
(if not applicable, in	nting the amen	dment if not contai	ned in the amendm	ent itself:	
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(if not applicable, in	nting the amen	dment if not contai	ned in the amendm	ent itself:	
provisions for impleme	nting the amen	dment if not contai	ned in the amendm	ent itself:	

5/4/2018	
The date of each amendment(s) adoption: date this document was signed.	
5/4/2018	
Effective date if applicable:	
(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	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. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	ups. The following statement on the amendment(s);
"The number of votes east for the amendment(s) was/were sufficient for	approval
by(voting group)	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareh action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action was not required. 	
05/4/2018 Dated	
Dated	
Signature(Paradirector for the signature	
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	or officers have not been giver, trustee, or other court
Michelle Lynn Gomez P.A.	
(Typed or printed name of person	signing)
coo President	
(Title of person signing	2)