

P18000027704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

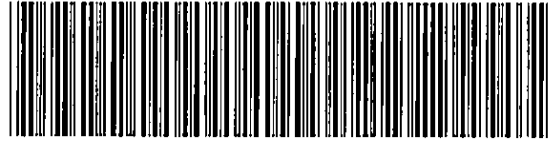
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/23/24--01033--002 \*\*35.00

2024 JAN 22 PM 2:18  
STATE

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AB

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Abemar Beltran P.A

DOCUMENT NUMBER: P18000027704

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abemar Beltran  
Name of Contact Person

Abemar Beltran P.A  
Firm/ Company

3105 nw 107 ave suite 508  
Address

Doral, FL 33172  
City/ State and Zip Code

abeltran.mlhs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abemar Beltran at ( 786 ) 4871648  
Name of Contact Person Area Code & Daytime

Enclosed is a check for the following amount made payable to the Florida Department of Sta

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 F Certificat Certified (Additior is enclos

Mailin Address

Street Address

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Abemar Beltran P.A

(Name of Corporation as currently filed with the State)

PH 2:48

P18000027704

(Document Number of Corporation (if known))

STATE  
FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corpora*  
its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Abemar Beltran Real Estate P. A

*name must be distinguishable and contain the word "corporation," "company," or "incorpor  
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corpora  
"chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

3105 nw 107 ave suite

508 DORAL, FL

33172

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

**D. If amending the registered agent and/or registered office address in Florida, enter th  
new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_

*(Florida street address)*

*New Registered Office Address:* \_\_\_\_\_

*(City)*

**New Registered Agent's Signature, if changing Registered Agent:**

**If amending the Officers and/or Directors, enter the title and name of each officer/director 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one position, President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the President, a change, Mike Jones leaves the corporation, Sally Smith is named the Vice President and Secretary. These should be noted as V Remove, and Sally Smith, SV as an Add.*

**Example:**

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Δ</u>
1) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
2) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
3) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
4) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___
<input type="checkbox"/> Remove			___
5) <input type="checkbox"/> Change	_____	_____	___
<input type="checkbox"/> Add			___

Passages

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file*

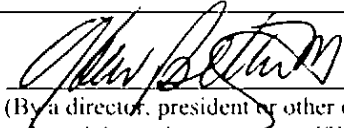
Note: If the date inserted in this block does not meet the applicable statutory filing requirement, the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without a shareholder meeting. No action was not required.
- 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 information 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 \_\_\_\_\_."  
*(voting group)*

01/17/2024  
Dated \_\_\_\_\_

Signature  \_\_\_\_\_  
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trustee or other appointed fiduciary by that fiduciary)

Abemar Beltran  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)