Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003054683)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: NELSON & ASSOCIATES, C.P.A., P.A. Account Name

Account Number : 120120000083 Shone : (305)593-0829 : (305)593-B744 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: YNELSON@TAXNELSON.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FABIOLA SARAVIA P.A.

Survey Server and Artists a many the area were provided and a first of	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H180003054683

Articles of Amendment to Articles of Incorporation of

2018 OCT 22 AM 4: 55

SECRETARY OF STATE

FABIOLA SARAVIA P.A.	TALLAHASSEE, FL
	on as currently filed with the Florida Dept. of State)
P18000043919	
(Docur	tent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	rporation:
Fabiola Lizeth Saravia Chicas P.A.	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	ERESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	ed office address in Florida, enter the name of the office address:
	(floilda sirees address)
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Res	
Sigr	ature of New Registered Agent, If changing

Page 1 of 4

H180003054683

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)

Example:

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 un Add.

X_Change	PT	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike I	<u>ones</u>		
X Add	<u>sv</u>	Saily S	mith		
Type of Action (Check One)	Title		<u> Магте</u>	1 (2)	<u>Addres</u> s
l) X Change	<u>P</u>		FABIOLA L. S	ARAVIA CHICAS	28401 SW 129 PLACE
Add					HOMESTEAD, FL 33033
Remove					
2)Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		· /	
Add				•	
Remove			•		
S)Change					
Add		=	-		
Remove					
6) Change		_			
Add					
Remove					

Page 2 of 4

(Anach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	:
· · · · · · · · · · · · · · · · · · ·	
	in a say.
·	
	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares. Indument if not contained in the amendment itself:
(if not applicable, Indicate N/A)	
(y not apprioació, marcare 1971)	
cy not approacie, indicate 1971)	
cy not approache manage 1971)	
(y not approache, mulaure 1971)	
(y not approached mulcule 1971)	
(y not approache, mureure 1971)	
(y not approached mulcule 1971)	
(y ma approache, mulaure 1971)	:,/L ₂

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after umendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment(i sufficient for approval.	3)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ગાં
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	ा
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
	ER 17, 20/87	
Dated		
Signature		
(By s	director, president or other officer - if directors or officers have not been	
	sted, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
appo	inted fiduciary by that fiduciary)	
	FABIOLA L. SARAVIA CHICAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

S 1. 4.