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COVER LETTER

TO: Amendment Section

Division of Corporatio	ns		•		
NAME OF CORPORATI	ON: LAURA C VA	LLE INC			
	NT NUMBER:P18000048401				
The enclosed Articles of Art					
Please return all correspond	ence concerning this ma	tter to the following:			
		MARIUSKA BRITO			
		Name of Contact Perso	n		
	BRITOT	AX AND ACCOUNTING	CORP		
		Firm/ Company			
		8217 SW 147TH CT			
		Address			
		MIAMI FL 33193			
		City/ State and Zip Cod	le		
	BRITOT	AXCORP@GMAIL.COM	l		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information con	cerning this matter, pleas	se call:			
MARIUSKA BRITO		786 at (ode & Daytime Telephone Number		
Name of Co	ntact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□S43.75 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		Ameno Divisio Cliftor 2661 I	Address Idment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment Articles of Incorporation of

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LAURA C VALLE INC

SE PERMIT DIAME

(Name of C	orporation as currently f	iled with the Florida Dept. of State)
P180006	048401	
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
LAURA C VALLE P.A.		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
B. Enter new principal office address, if applicable:		NOT APPLICABLE
(Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab	<u>le:</u>	NOT APPLICABLE
(Mailing address MAY BE A POST OFFICE BOX)		NOT ATTECABLE
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name of the
	NOT APPLICABLE	
Name of New Registered Agent		
_		·
	(Florida street	address)
New Registered Office Address:	, or	, Florida
	(C)	(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
I hereby accept the appointment as registered		h and accept the obligations of the position.
	Signature of New Rew	istered 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	уус, ала за л <u>РТ</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	<u></u>		NOT APPLICABLE
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
See attacked for purpose	
·	
	
	-
	-
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) NOT APPLICABLE	res,
	<u>. </u>

	06/04/2018	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after am	nendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of vot Ticient for approval,	es cast for the amendment(s)
	roved by the shareholders through voting groeach voting group entitled to vote separately	
	for the amendment(s) was/were sufficient for	• •
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholde	r action and shareholder
Dated	10/04/18	
Signature	Java Ver	
	rector, president or other officer - if director	
	t, by an incorporator – if in the hands of a rec ed fiduciary by that fiduciary)	ceiver, trustee, or other court
al, h.v.		
	LAURA C VALLE	
	(Typed or printed name of person	signing)
	PRESIDENT	
•	(Title of person signi	ng)

The reason for this amendments is because this company is for <u>real estate purposes</u> and we need a Professional association, not a regular corporation.

Thank you

Laura C Valle