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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Vernon Ubico P.A.
DOCUMENT NUMBER: 180000 48835
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vernon Maico
Name of Contact Person Vernos Ubico PA
Firm/ Company 2630 SW 79 ave
Miami FL 33155
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 323-4269 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
✓ \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Verno	n libi	60 P	,Α.				
(Name of Corporation	on as currently	filed with the	e Florida Dej	pt. of State)	+		
(Docum	nent Number of (Corporation (if known)		 .		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Fi	lorida Profit	Corporution :	adopts the fo	ollowing	; amend	ment(s) to
A. If amending name, enter the new name of the co	orporation:						
						_The n	ww.
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	" or "Co". A				reviatio	n "Corp) ''
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD							-
			<u> </u>			202	-
C. Enter new mailing address, if applicable:	114				t-	1	ANTE MANTE
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>A</u>)				<u> </u>		- 1 - 1,745 - 1
			<u> </u>		<u> </u>	_높_	-
						ب د	_
D. If amending the registered agent and/or register		ss <u>in Florid</u> a	enter the na	ıme of the	:		
new registered agent and/or the new registered	office address:						
Name of New Registered Agent							
	(Florida stree	t address)					
New Registered Office Address:				Florida_			
	(C	(iţv)			(Zip C	ode)	_
New Registered Agent's Signature, if changing Reg	istered Agent:						
I hereby accept the appointment as registered agent.		th and accept	the obligation	ns of the po	sition.		
Signo	ature of New Reg	gistered Ageni	, if changing				

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Maria Mercedes Perez	2630 SW 79 ave
X Add			Micimi, FL 33155
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding</u> Attach <i>additional sheet</i>	's, if necessary).	(Be specific)	 _		
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<u>.</u>					
					
	 	·			
					
_					
-					
· · · · · ·					
			<u>.</u>		
6	.:		seion on as annulls	tion of income who	
f an amendment prov provisions for implen	nenting the amen	dment if not co	ntained in the an	<u>iendment itself:</u>	165,
(if not applicable,	indicate N/A)				
•					
					
					-
					
		. <u>-</u> -	<u> </u>		

• •

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme flicient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state cach voting group entitled to vote separately on the amendment(s):	тен
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
,		
Dated 4	27/21 // /	
·/ ··· · · · · · · · · · · · · · · · ·		
Signature		
(By a di	rector, president or other officer - if directors or officers have not bee	n
	, by an incorporator - if in the hands of a receiver, trustee, or other co	
appoint	ed fiduciary by that fiduciary)	
	Vernan Ubico	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	