## P180000 52717

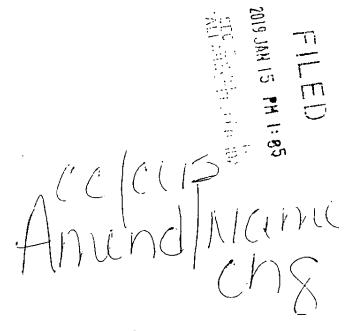
(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{MA}{2}$	ANUEL RODR	IGUEZ, P.A.	
DOCUMENT NUMBER: P18000	052717		
The enclosed Articles of Amendmen	n and fee are su	ubmitted for filing.	
Please return all correspondence con	cerning this ma	atter to the following:	
OSCAR C RI	UIZ		
		Name of Contact Perso	n
MANUEL R	ODRIGUEZ, P	.A.	
		Firm/ Company	<del></del>
6008 LEMO?	N TREE CT		
<del></del>		Address	
TAMPA FL	33625		
	<del></del>	City/ State and Zip Cod	e
OSCAR.CEO@RU	IZRODRIGUE	ZREALTY.COM	
E-mail a	ddress: (to be u	sed for future annual report	notification)
For further information concerning the	his matter, plea	se call:	
OSCAR C RUIZ		at (	728-7792
Name of Contact Person Area Code & Daytime Telephone Nu		de & Daytime Telephone Number	
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
<del>-</del>	Filing Fee & cate 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 Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of 20/9

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State) MANUEL RODRIGUEZ, P.A. P18000052717 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MANUEL RUIZ, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 6008 LEMON TREE CT B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **TAMPA FL 33625** C. Enter new mailing address, if applicable: 6008 LEMON TREE CT (Mailing address MAY BE A POST OFFICE BOX) **TAMPA FL 33625** D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: MANUEL RUIZ Name of New Registered Agent 6008 LEMON TREE CT (Florida street address) TAMPA New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	John Doe	
X Remove	<u>v</u>	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) X Change	PD	MANUEL RUIZ	6008 LEMON TREE CT
Add	<del> </del>	ulga	TAMPA FL 33625
Remove			
2) Change		<del></del>	
Add			•
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			<u>.</u>
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
PLEASE CHANGE THE NEW NAME OF CORPORATION	
THE NEW NAME:	
MANUEL RUIZ, P.A.	
·	
<u> </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	<del></del>

-	01/10/2019	
The date of each amendment(s) a		, if other than th
date this document was signed.	10/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
01/10/201 Dated Signature	Market	
	lirector. President or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
арроп	ned inductary by that inductary)	
	OSCAR C RUIZ	
	(Typed or printed name of person signing)	
	ST	
	(Title of person signing)	<del></del>