## PIECCEO SCI83

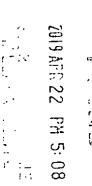
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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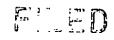
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DAVID TIGRAN	REUBEN HATOUNIAN I	PA
DOCUMENT NUM	BER:P18000080183		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RAYONDA WILLIAMS		
		Name of Contact Person	1
	PERFECT CIRCLE GROP		
		Firm/ Company	
	1221 BRICKELL AVE, SUI	TE 900	
		Address	
	MIAMI, FL 33131		
		City/ State and Zip Cod	ę
RW	@PERFCIRCLEWW.COM		
	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas		995-8255
	of Contact Person	at (305	995-8255 )
Name	of Collact Ferson	Alea Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2019 APR 22 PH 5: 08

## DAVID TIGRAN REUBEN HATOUNIAN PA

(Name of Corporation	n as currently filed with the	Florida Dept. of State)	
P18000080183		<b>.</b>	
(Docum	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit C</i>	orporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the con	poration:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contains the contains and the contains a second contai	""Inc." or "Co". A professi		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD</u>	RESS )		
	<del></del>		<del></del>
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 registere	d office address in Florida. e	enter the name of the	
new registered agent and/or the new registered of			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	Zip Code)
	(Cny)	14	zip Code)
New Registered Agent's Signature, if changing Registered agent. If thereby accept the appointment as registered agent.		he obligations of the positio	9n.
Signa	ture of New Registered Agent,	if changing	<del></del>

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 <math>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) Change	S	CYNTHIA ANDRADE	5550 GLADES ROAD
Add			SUITE 200
X Remove			BOCA RATON, FL 33431
2) Change	S	RAYONDA WILLIAMS	1221 BRICKELL AVE
X Add			SUITE 900
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change		_	
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art. Attach additional sheets, if necessary).	(Re specific)	
<del>-</del>	<del></del>	
·		
<del>-</del>		
		<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
·		
	<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
04/17/2019 Dated	
Signature Chille Chille Chille	.1
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
CYNTHIA ANDRADE	
(Typed or printed name of person signing)	<del></del>
SECRETARY	
(Title of person signing)	