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C. GOLDEN DEC 1 8 2013

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	JULIAT, C. WILA	IS P.A.	
DOCUMENT NUMBER:	P18000087440		
The enclosed Articles of An	rendment and fee are su	bmitted for filing.	
Please return all correspond			
·	AT, C. WILMS		
JUL.	AT.C. WILMS P.A.	Name of Contact Persor	1
121:	SE 34TH STREET UNI	Firm/ Company T 2408	
MIA	MI FL 33137	Address	
		City/ State and Zip Code	٠
ODALLUL	TAL@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information con-	terning this matter, pleas	se call;	
JULIAT, C. WILMS		857	225900xi )
Name of Co	itact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for 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)
Division o P.O. Box	ent Section of Corporations	Amend Divisio Clition	Address Iment Section on of Corporations Building Necutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 2018 DEC 14 PM 4: 02

JULIAT, C. WILMS P.A.

( <u>Name (</u> P18000087440	f Corporation as currently	filed with the Florida Dept. of State) WALLAHAS
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address,	if applicable	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	cable:	N/A
(Mailing address MAY BE A POST)		
D. If amending the registered agent an		
new registered agent and/or the nev	<u>v registered office address:</u> JULIA TEIXEIRA COUFA	
Name of New Registered Agent	131 341 3 2011 (0013117)	
	121 NE 34TH STREET	
	(Florida stre MIAMI	vet address) 33137
New Registered Office Address:		, Florida
	(	Chy) (Zip Code)
	{	City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.
	Juliet.c.u	JULVVS  rgistered Agent, if changing
	Signature of New Re	gistered 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: <u>X</u> Change	<u>14</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	PD	JULIA TEINEIRA COUFAL WILM <b>5</b>	121 NE 34TH STREET UNIT 240 <b>8</b>
X Add			MIAMUFI, 33137
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)	
N/A	
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<del></del>	
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)	
N/A	
<del></del>	

	N/A	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	`	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
12/7/2018		
Dated		
Signature	Julie T. C. Wilms	
(By a ) selecte	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 need fiduciary by that fiduciary)  JULIA TEIXEIRA COUFAL WILMS	
	(Typed or printed name of person signing) DIRECTOR	
	(Title of person signing)	