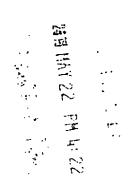
## P18000087594

(Requ	estor's Name)
(Addr	ess)
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(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busii	ess Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
	Office Use Only



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## **COVER LETTER**

TO: Amendment Section

MARIE CONTROL Division of Corporations NAME OF CORPORATION: OLGA MACHIKHO PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAYONDA WILLIAMS Name of Contact Person PERFECT CIRCLE GROP Firm/ Company 1421 BRICKELL AVE, SUITE 900 Address MIAMI, FL 33131 City/ State and Zip Code RW@PERFCIRCLEWW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 995-8255

Area Code & Daytime Telephone Number RAYONDA WILLIAM\$ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Bbx 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

OLGA MACHIKHO PA

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

P18000087594

(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:

The new 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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent		····
<del></del>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

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.

Signature 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>şv</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			
Remove			
5) Change			
Add			
Remove			
			*****
6) Change			<del>-</del>
Add			
Remove			

E. <u>If amending or adding</u>	g additional Articles, enter change(s) here:
(Attach additional sheet	ts, if necessary). (Be specific)
·	
Ī	
F. If an amendment prov	vides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implen</u> ( <i>if not applicabl</i> e,	nenting the amendment if not contained in the amendment itself:
(у посаррасавіг,	inaicale IVA)

The date of each amend		, if other than the
date this document was s	gned.	
Effective date if applica	ible:	
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	ot be listed as the
Adoption of Amendmen	t(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) we by the shareholders v	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.	
☐ The amendment(s) we must be separately p	s/were approved by the shareholders through voting groups. The following statement ovided for 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	ŗ·	
-,	(voting group)	
The amendment(s) was action was not require	s/were adopted by the board of directors without shareholder action and shareholder d.	
The amendment(s) was action was not require	s/were adopted by the incorporators without shareholder action and shareholder d.	
Dated	04/17/2019	
Signat	are Avethica ( MA delicities	
3	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	CYNTHIA ANDRADE	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	