P180000 89917

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADRIANA HERNA	ANDEZ PA	
DOCUMENT NUMB	5.000000017		
	of Amendment and fee are sub	omitted for filing.	
	pondence concerning this mat		
	ADRIANA HERNANDEZ		
-		Name of Contact Person	
-		Firm/ Company	
	9717 HAMMOCKS BLVD A	APT 106	
-		Address	<u> </u>
	MIAMI FL, 33196	_	
•		City/ State and Zip Code	:
ADRI	ANABERMUDE@HOTMA		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ADRIANA HERNAN	DEZ	at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amene Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ADRIANA HERNANDEZ PA (Name of Corporation as currently filed with the Florida Dept. of State) P18000089917 (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: ADRIANA HERNANDEZ BERMUDEZ 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) 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.

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 = ChiefExecutive 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, and Sally Smith SV as an Add.

Mike Jones, V as Kemove	e, ana sai	ty Smun, Sv as an Add.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ling or adding add dditional sheets, if	necessary). (l	3e specific)	ctor nere.			
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lf an an	<u>nendment provides</u>	s for an exchan	ge, reclassific	ation, or cane	ellation of issu	ied shares,	
provisi	ons for implement	ting the amend	ment if not co	<u>ntained in the</u>	<u>amendment i</u>	<u>tself:</u>	
(if	not applicable, ind	icate N/A)					
.					<u>-</u>		
	<u>.</u>						
	.						
							
							

The date of each amendment(s) adoption	l:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date nt of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each views.	by the shareholders through voting groups. The following statement oting 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 adopted by action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated ///01/20	×18	
Signature	lle-ll-E-	
(By a director,	president or other officer - if directors or officers have not been	
	n incorporator - if in the hands of a receiver, trustee, or other court	
	iciary by that fiduciary)	
	Admana Hernander B.	
-	(Typed or printed name of person signing)	
	President, Registered Agent (Title of person signing)	
	(Title of person signing)	

. . . .