# P180000097720

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T. LEWEUX

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION:RAFAEL LEVY N	иісна ра			
DOCUMENT NUME	BER: P18000097720				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	RAYONDA WILLIAMS				
	<del></del>	Name of Contact Person	1		
	PERFECT CIRCLE GROP				
		Firm/ Company			
	1221 BRICKELL AVE, SUITE 900				
		Address	<del></del>		
	MIAMI, FL 33131				
		City/ State and Zip Cod	e		
RW@	PERFCIRCLEWW.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas				
RAYONDA WILLIAMS		at (			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Ame Divi P.O.	ting Address endment Section sion of Corporations Box 6327 ahassee, 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

FILED

#### RAFAEL LEVY MICHA PA

(Name of Corporation as currently filed with the Florida Dept. of State) 2918 4 22 四层中 P18000097720 (Document Number of Corporation (if known) CONES, THRY OF COME MALLAHASSEE, FLERIDA 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) 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: 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 <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 $\underline{X}$ Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) S CYNTHIA ANDRADE 5550 GLADES ROAD 1) \_\_\_\_ Change SUITE 200 \_\_\_\_ Add BOCA RATON, FL 33431 \_ Remove RAYONDA WILLIAMS 1221 BRICKELL AVE 2) \_\_\_\_ Change X SUITE 900 Add MIAMI, FL 33131 \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) Change \_\_\_\_ Add \_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u> :  (Attach additional sheets, if necessary). (Be specific)						
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F. <u>If an amend</u>	lment provides for an exc	change, reclassific	ation, or cancell	ation of issued sh	ares,	
provisions (if not a	for implementing the amapplicable, indicate N/A)	<u>iendment if not co</u>	ntained in the ar	nendment itself:		
(ij noi i	applicable, indicate 1971)					
				<u> </u>		
<u> </u>						
				<del></del>		
				<del></del>		

The date of each amendment(s)	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<del></del>
	(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 ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
04/17/201 Dated	9	
Signature .	Anthias Anikala	
(By a/ select	director, 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 inted fiduciary by that fiduciary)	_
	CYNTHIA ANDRADE	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	