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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LAURA MONTIL	LA P.A.	
DOCUMENT NUMB	ER: P18000101309		
	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	RAFAEL VASCONEZ		
•		Name of Contact Person	n .
	REV MULTI SERVICE INC		
	14400 NE 10 AVE CUITE 2	Firm/ Company	
	16499 NE 19 AVE SUITE 2		
		Address	
	MIAMI, FL. 33162		
•	-	City/ State and Zip Cod	c
REVN	MULTISERVICE@AOL.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
RAFAEL VASCONEZ		at (<u>305</u>	
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

· · · · · · · · · · · · · · · · · · ·	rently filed with the Floric	la Dept. of State)	
218000101309			
(Document Numb	per of Corporation (if knows	1)	
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corpor	ation adopts the following	amendment(s)
. If amending name, enter the new name of the corporation	<u>ı:</u>		
AURA MONTILLA CAMACHO P.A.		,	The new
ame must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviat	or "Co". A professional	incorporated" or the abb	reviation
Enter new principal office address, if applicable:		·	19
Principal office address <u>MUST BE A STREET ADDRESS</u>)		:	2>
Enter new mailing address, if applicable:		;	R 5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>{</u>	
		<u> </u>	<u>ယ</u>
If amending the registered agent and/or registered office new registered agent and/or the new registered office ado Name of New Registered Agent		the name of the	
(Floria	la street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	de)
New Registered Office Address:	(City)	, Florida(Zip Co	de)

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: X Change	<u>PT</u>	John Do	o <u>e</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	<u>Sally Sr</u>	<u>mith</u>		
Type of Action (Check One)	Title		<u>Name</u>	Δ	<u>Addres</u> s
1) Change		_		_	
Add				_	
Remove				_	
2) Change		_			
Add				_	
Remove				_	
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	-	_	· · · · · · · · · · · · · · · · · · ·		
Add				_	
Remove				_	
6) Change		<u> </u>			
Add					
Remove					

recon additional streets, if necessary).	<u>ticles, enter change(s) here</u> : (Be specific)
	.
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment it not contained in the amendment user.
<u>.</u> .	

	03/06/2019	
The date of each amendment(s)	doption:	, if other than the
date this document was signed.	0.4.150.1.0	
Effective date if applicable:	06/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this opartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
	t for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and sharehol	der
action was not required.	opted by the incorporators without shareholder action and shareholder	
03/06/201	9	
Dated Signature	Ufumilfum)	
	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 conted fiduciary by that fiduciary)	urt
	LAURA MONTILLA CAMACHO	
	(Typed or printed name of person signing)	 ,
	Р	
	(Title of person signing)	