## P18000 101348

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: EDUARDO JOAC	UIN VELEZ VARGAS P.	A
DOCUMENT NUN	P18000101348		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	RAYONDA WILLIAMS		
		Name of Contact Person	n
	PERFECT CIRCLE GROP		
		Firm/ Company	
	1221 BRICKELL AVE, SUI	TE 900	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33131		
		City/ State and Zip Cod	e
RW	@PERFCIRCLEWW.COM		
		sed for future annual report	notification)
	`	•	,
For further informati	on concerning this matter, pleas	se call:	
RAYONDA WILLI	AMS	at ( 305	995-8255
Name of Contact Person			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)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

## EDUARDO JOAQUIN VELEZ VARGAS PA

(Name	of Corporation as currently	filed with the Florida Dept. of State)		
P18000101348				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following a	amendment(s	
A. If amending name, enter the new na	ame of the corporation:			
	ation "Corp," "Inc," or "(	n," "company," or "incorporated" or the abb Co". A professional corporation name must co		
B. Enter new principal office address, if applicable:		1221 BRICKELL AVE		
(Principal office address MUST BE A S		SUITE 900		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33131		
		1221 BRICKELL AVE		
		SUITE 900 C/O PERFECT CIRCLE GROUP		
		MIAMI, FL 33131		
D. If amending the registered agent an new registered agent and/or the new			AN 9:	
Name of New Registered Agent	PERFECT CIRCLE GROU	JP , O ←	25 25	
	1221 BRICKELL AVE, SUITE 900		5	
	(Florida street address)			
New Registered Office Address:	MIAMI , Florida 3313			
	(City) (Z		de)	
	ered agent. I am familiar w	ith and accept the obligations of the position.		
(Va Ca	la Crootlana			

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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
I) Change	S	ELIZABETH MORTENSEN	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				
Add				
Remove			<del></del>	

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)	Attach adame	onal sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself:			
provisions for implementing the amendment if not contained in the amendment itself:			
provisions for implementing the amendment if not contained in the amendment itself:	<u>-</u>		
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provisions for implementing the amendment if not contained in the amendment itself:			
provisions for implementing the amendment if not contained in the amendment itself:			-
provisions for implementing the amendment if not contained in the amendment itself:			
	provisions fo	or implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) addate this document was signed.	option:	, if other than t
Effective date <u>if applicable</u> :	. (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s ficient for approval.	)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
06/04/2019		
Dated Signature	sie het Hettlenger	
selected	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	ELIZABETH MORTENSEN	
-	(Typed or printed name of person signing)	
	SECRETARY	
-	(Title of person signing)	