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APR 10 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ JESUS CANALES-SANDOVAL P.A. DOCUMENT NUMBER: P18000101791 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JESUS CANALES-SANDOVAL Name of Contact Person Firm/ Company **2231 NE 137TH STREET** Address NORTH MIAMI, FL 33181 City/ State and Zip Code JESUSCANALESS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____) 466-8798
Area Code & Daytime Telephone Number JESUS CANALES-SANDOVAL 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 & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

JESUS CANALES-SANDOVAL P.A.			
(Name o	of Corporation as curren	tly filed with the Florida Dept. o	f State)
P18000101791			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adop	ets the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	ted" or the abbreviation
P. Enter new principal office address	if applicable:	2231 NE 137TH STREET	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI, FL 33181	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2231 NE 137TH STREET	SECRE L
		NORTH MIAMI, FL 33181	-2 SSEE
			PE D
D. If amending the registered agent an new registered agent and/or the new			of the DA
Name of New Registered Agent	JESICA AMARANTO		
Nume of New Negistered Agent	2231 NE 137TH STREE	<u> </u>	
	(Florida s	treet address)	
New Registered Office Address:	MIAMI		33181 lorida
		(City)	(Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familian	nt: r with and accept the obligations of	f the position.
	Signature of New	Registered Agent, if changing	

Page 1 of 4

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 Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	JESICA AMARANTO	2231 NE 137TH STREET
X Add			NORTH MIAMI, FL 33181
Remove			
2) Change	TSD	CARLOS MENDOZA	12709 SW 68TH LANE
X Add			MIAMI, FL 33173
Remove	VP	MAURICIO TORO	1540 NE 191ST STREET #325
3) Change			MIAMI, FL 33179
X Remove			SEE SEE
4) Change			FLOR
Add			0A 36
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	HM NH	APR
	SS	-2
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	E 5: S # 5	PH R 34
provisions for implementing the amendment if not contained in the amendment itself:	98	₹
(if not applicable, indicate N/A)	STATE	3
	125	
		-
		<u>-</u>

The date of each amendment(s) adoption date this document was signed.	ı:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block didocument's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date want of State's records.	vill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(yoting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder 굴	s: 3
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	² 3 m
03/29/2019 Dated	SSEE. F	ILED -2 PH &
selected, by a	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court in incorporator by that fiduciary)	STATE OF STA
JESUS	S CANALES-SANDOVAL	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	

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