P190000 3899

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion: Francisco or	TEGA GONZALEZ PA	
DOCUMENT NUMBER	D10000001000		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
R.A	YONDA WILLIAMS		
		Name of Contact Person	
PE	RFECT CIRCLE GROP		
		Firm/ Company	
12	21 BRICKELL AVE, SUI	TE 900	
		Address	
MI	AMI, FL 33131		
		City/ State and Zip Code	<u></u>
R.W@PF	RFCIRCLEWW.COM		
		sed for future annual report	notification)
	2 man accepts (10 00 ac		,
For further information co	oncerning this matter, pleas	se call:	
RAYONDA WILLIAMS	3	at (995-8255
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	rtment 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)
Amend Divisio P.O. Bo	<u>e Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

1917 10 SH 9: 25

Articles of Amendment to Articles of Incorporation of

FRANCISCO ORTEGA GONZALEZ PA

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000003899				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	ng amendn	nent(s) t
A. If amending name, enter the new na	nme of the corporation:		m)	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."		on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1221 BRICKELL AVE		
		SUITE 900		
		MIAMI, FL 33131		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1221 BRICKELL AVE		_
		SUITE 900 C/O PERFECT CIRCLE GROUP		
		MIAMI, FL 33131	19	
D. If amending the registered agent an new registered agent and/or the new			8169	
	PERFECT CIRCLE GR	_	 .	70
Name of New Registered Agent	1221 BRICKELL AVE, SUITE 900		يو.	42
	(Florida street address)		- 5	
New Registered Office Address:	MIAMI	, Florida ³³¹³ 1		
			Code)	-
New Registered Agent's Signature, if c	hanging Registered Ages	nt·		
		r with and accept the obligations of the position.		
	d Milla	C	_	
	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, a 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 = Chairman or Clerk; CEO

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 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 Chang 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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) 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			

Attach <i>addi</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)	
<u>-</u>		
		
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		· · · · · · · · · · · · · · · · · · ·
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-		
f	desent escuidos fos as exchange scalarification, os concellation of insued shares	
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
		<u> </u>
•		
		<u> </u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date tills document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament 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 datepartment of State's records.	te will not be listed as th
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(sufficient for approval.	;)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	int
"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 shareholde	:T
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
06/04/201	9	
Dated	isclede Wartensen	
(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 counted fiduciary by that fiduciary)	t
	ELIZABETH MORTENSEN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	