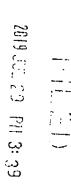
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COVERLETTER

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	IOSE MANUEL CISNEROS GAL' 219000004231 adment and fee are submitted for file		
caction	ang GAL'	LOPA	
D: Amendment Section Oivision of Corporations	NUEL CISNEROS		
Division of	JOSE MANO		
NAME OF CORPORATION DOCUMENT NUMBER: Local Articles of Am	1:	t a d	
NAME OF CORPOR	p19000004231 mendment and fee are submitted for file mendment and fee are submitted f	luß.	
NAME NUMBER	and fee are submi	llowing:	
DOCUME.	dence concerning this matter to the fol		
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The all correspond	AYONDA WILLIAMS Name	of Contact Person	
Please return	AYONDA WILL Name		
-	PERFECT CIRCLE GROUP	Firm/ Company	
	OF RECT CIRCLE CO.	FILLS	
	PER SUITE 900	Address	
	PERFECT C. 1221 BRICKELL AVE, SUITE 900	Addi	
	1221 Bits	d Zip Code	_
	MIAMI, FL 33131	City/ State and Zip Code	
	MIAMILTE	notif	ication)
	COM	ed for future annual report notification	
	RW@PERFCIRCLEWW.COM E-mail address: (to be use	ed for mus	
	RW@PERI Semail address: (10		
	- Net	ise call:	995-8255 Japhone Number
	ming this matter, pro-	at (305 Area Co	Daytime Telepin
•	E-man E-man E-man E-man A WILLIAMS Name of Contact Person Is a check for the following amount in the contact person Certificate of S Certificate of S	at Area Co	995-8255 de & Daytime Telephone Number
For further in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	da Del	partment of Sta
~~!!	A WILLIAMS Name of Contact Person amount n	wable to the Florida -	DS52.50 Filing Fee
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	Mailing Address Amendment Section Division of Corporation Division of 327	ons	2661 Executive Center Tallahassee, FL 32301
	Division of Corps	14	
	Division of 6327 P.O. Box 6327 Tallahassee, FL 323	(4	
	Tallana		

Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: ÎOSE MANUEL CISNEROS GALLO PA name must be distinguishable and contain the word "corporation." or "incorporated" or the abbreviation must contain the word "corporation." A professional corporation name must contain the word "corporation." or "he designation." or the abbreviation "p.A."

"Corp." or Co." or the designation." or the abbreviation "p.A." P19000004231 A. If amending name, enter the new name of the corporation: its Articles of Incorporation: "Corp." or Co.," or the designation, or the abbreviation "p.A.,"
"Corp., "Inc.," or professional association, or the abbreviation "p.A.,"
word "chartered," B. Enter new principal office address, if applicable: B. Enter new principal office address MUST BE A STREET ADDRESS (Principal office address MUST BE A STREET ADDRESS) 1221 BRICKELL AVE. SUITE 900 CIO PERFECT CIRCLE GROUP Enter new manner nouress, it apprearies (Mailing address MAY BE A POST OF FICE BOX) C. Enter new mailing address, if applicable: MIAMI, FL 33131 D. If amending the registered agent and/or the new registered office address:

new registered agent and/or the new registered office address: Il amending the registered agent and/or the new registered office address:

new registered agent and/or the new registered office address: Florida Name of New Registered Agent New Registered Agent's Signature, if changing Registered Agent:

I am familiar with and accept the obligations of the position (City) New Registered Agent's Signature, if changing Registered Agent. Jam familiar with the appointment as registered agent.

COVER LETTER

O: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: JOSE MANUEL (CISNEROS GALLO PA	
DOCUMENT NUMB	P19000084231		<u> </u>
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RAYONDA WILLIAMS		
-		Name of Contact Person	n
	PERFECT CIRCLE GROUP	,	
•		Firm/ Company	
	1221 BRICKELL AVE, SUI		
-		Address	
	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	concerning this matter, pleas	se call: at (995-8255
Name o	f Contact Person	at () de & Daytime Telephone Number
	the following amount made		,
\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Address Iment Section on of Corporations

Articles of Amendment to Articles of Incorporation of

OSE MANUEL	CISNEROS	GALLO PA

Articles of In	o ncorporation
	1 6 1
Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
e of the corporation:	
	The new
	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
annlicable:	1221 BRICKELL AVE
REET ADDRESS)	SUITE 900
	MIAMI, FL 33131
ible: FFICE BOX)	1221 BRICKELL AVE, SUITE 900
	C/O PERFECT CIRCLE GROUP
	MIAMI, FL 33131
or registered office addresses	dress in Florida, enter the name of the
PERFECT CIRCLE GRO	OUP, PA
221 BRICKELL AVE,	SUITE 900
i de l'Divicire de la rec	
	treet address)
	Florida 33131
	(Document Number 106, Florida Statutes, this 106, Florida

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:

rieuse noie ine Spiecia de 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>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<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			

	y). (Be specific)			
<u> </u>			 -	
			<u>_</u> <u>_</u>	
				
		 -		
				
		· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an e provisions for implementing the a	xchange, reclassificati	on, or cancellation o ained in the amendm	l issued shares, ent itself:	
(if not applicable, indicate N/A)			
				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/10/20 Dated		
Signature <u>(* (</u>	enalethi Heilloria-	
(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 nted fiduciary by that fiduciary)	
	ELIZABETH MORTENSEN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	