

P1900000 4231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

AUG 01 2019  
I ALBRITTON

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JOSE MANUEL CISNEROS GALLO PA

DOCUMENT NUMBER: P19000004231

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAYONDA WILLIAMS

Name of Contact Person

PERFECT CIRCLE GROUP

Firm/ Company

1221 BRICKELL AVE, SUITE 900

Address

MIAMI, FL 33131

City/ State and Zip Code

RW@PERFCIRCLEWW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYONDA WILLIAMS

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 &  
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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

JOSE MANUEL CISNEROS GALLO PA

P19000004231

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

1221 BRICKELL AVE  
SUITE 900  
MIAMI, FL 33131

1221 BRICKELL AVE, SUITE 900  
C/O PERFECT CIRCLE GROUP  
MIAMI, FL 33131

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

PERFECT CIRCLE GROUP, PA  
1221 BRICKELL AVE, SUITE 900

(Florida street address)

MIAMI

(City)

Florida 33131  
(Zip Code)

New Registered Office Address:

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

Signature of New Registered Agent, if changing

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JOSE MANUEL CISNEROS GALLO PA

DOCUMENT NUMBER: P19000004231

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Address

MIAMI, FL 33131

City/ State and Zip Code

RW@PERFCIRCLEWW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYONDA WILLIAMS

Name of Contact Person

at ( 305 )

995-8255

Area Code & Daytime Telephone Number

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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

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

PERFECT CIRCLE GROUP, PA

1221 BRICKELL AVE, SUITE 900

(Florida street address)

New Registered Office Address:

MIAMI

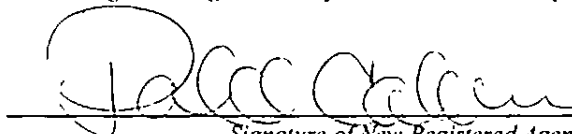
Florida 33131

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

**Example:**

X Add	SV	Sally Smith
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Address

6) ☐ Change \_\_\_\_\_

☐ Add \_\_\_\_\_

☐ Remove \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

**F. 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)

[illegible]

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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

07/10/2019  
Dated \_\_\_\_\_

Signature Elizabeth Mortensen  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ELIZABETH MORTENSEN  
\_\_\_\_\_  
(Typed or printed name of person signing)

SECRETARY  
\_\_\_\_\_  
(Title of person signing)