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EN COEM T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Alicical	Los Angeles Partines Cervato PA
DOCUMENT NUMBER: P190000	11072
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Carla Ma	Name of Contact Person
	Firm/ Company
2385 NU) F	-xerutive Drive Suite #100
Boxa Rato	Address T J 33431 City/ State and Zip Code
SUPPONT C USE	ed for future annual report notification)
For further information concerning this matter, please	e call:
Carla Marcelo Name of Contact Person	at (<u>561</u>) <u>303 – 9539</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
■ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\begin{array}{c} \\$43.75 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation

Ariid anii i	ncorporation				
Alicia De Los Angeles Martinez Cerrato					
(Name of Corporation as currer	itly filed with the Florida Dept. of State)				
P19000011072					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2385 NW Frecutive Dr.				
,	200 Patou F/ 32431				
	2011 4 MM / 12 11 13 1				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2385 NW Executive)r.				
	Suite #100.				
	Soca Katou, F2 33431				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre					
Name of New Registered Agent ()	Marcelo & =				
2385 NW.	Exerutive Dr. Suite #100				
(Florida s	treet address)				
New Registered Office Address: Soca Rat	(City), Florida 3431 (City) (Zip Code)				
	•				
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>				
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				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 = Chi. 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 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 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	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l)Change	D	Fortunata Espinoza	2385 NW Executive
_X Add			Suite #100.
Remove			Son Katon, FL 3
2) Change	5	_ Kayonda Williams	1221 Brickell Ave
Add		/	Suite #900.
Remove			Miami, FL 33131
3) Change			
Add			
Remove			33
4) Change			
Add			30
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			
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		_ 30	· - 7
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			1
provisions for implementing the amendment if not contained in the amendment itself:		9	7
(if not applicable, indicate N/A)	55 E.	$\dot{\infty}$	-
		<u></u>	
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	<u> </u>		
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The date of each amendment(s) adoption:	, if other than tl
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 document's effective date on the Department of State's records.	will not be listed as th
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)	
_/	÷ 19
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	30
action was not required.	<u> </u>
Dated 11/26, 2019 Signature	6. (2
(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)	
Alicia De Los Angeles Martines Ce	rvato
(Typed or printed name of person signing)	
Trosident	
(Title of person signing)	