

P19000015182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

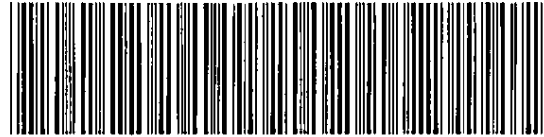
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARCO TULIO BARRIOS PA

DOCUMENT NUMBER: P19000015182

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

Please return all correspondence concerning this matter to the following:

ALDO MARCHENA

Name of Contact Person

ACHIEVE CG

Firm/ Company

9907 THREE LAKES CIRCLE

Address

BOCA RATON, FL 33428

City/ State and Zip Code

OPERATIONS@ACHIEVEGFA.COM

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

For further information concerning this matter, please call:

Aldo Marchena at (305) 503-5983

Name of Contact Person

Area Code & Daytime Telephone Number

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

MARCO TULLIO BARRIOS PA

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

P19000015182

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "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)

9907 THREE LAKES CIRCLE.

BOCA RATON, FL 33428

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

9907 THREE LAKES CIRCLE.

C/O ACHIEVE CG

BOCA RATON, FL 33428

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

9907 THREE LAKES CIRCLE.

(Florida street address)

New Registered Office Address:

BOCA RATON

Florida

(City)

33428

(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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>ANDRADE, CYNTHIA</u>	<u>5550 GLADES ROAD #200</u>
<input type="checkbox"/> Add			<u>C/O ACHIEVE GROUP</u>
<input checked="" type="checkbox"/> Remove			<u>BOCA RATON, FL 33431</u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>ESPINOZA, FORTUNATA W</u>	<u>9907 THREE LAKES CIRCLE.</u>
<input checked="" type="checkbox"/> Add			<u>C/OACHIEVE CG</u>
<input type="checkbox"/> Remove			<u>BOCA RATON, FL 33428</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 19 NOV 15 PM 0:45
 BOCA RATON, FL

9 NOV 15 2009

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Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- “The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)”

Signature

FORTUNATA W ESPINOZA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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AT THE
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