P190000 26185

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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Especializza, Corp).	
DOCUMENT NUME			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Marilyn Brookes		
		Name of Contact Person	
	Emerald Real Estate, Inc.		
		Firm/ Company	
	1395 Brickell Ave. Suite 760)	
		Address	
	Miami, Fl. 33131		
		City/ State and Zip Code	:
mbroo	okes@ercd.com		
	_	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
Marilyn Brookes		.305	3653673
	f Contact Person	at (Area Coo) 3653673 le & Daytime Telephone Number
Enclosed is a check for	the 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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building Accutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Especializza, Corp.

	Especializza, Corp.	
(Name of Corpora	ition as currently filed with the l	Florida Dept. of State)
	P19000026185	
(Doc	ument Number of Corporation (if l	known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	rp." "Inc." or "Co". A professi	or "incorporated" or the abbreviation
B. <u>Enter new principal office address, if applical</u> (Principal office address <u>MUST BE A STREET AL</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		nter the name of the
Name of New Registered Agent		2. C3
Name of New Negaretti Agent	,	
	(Florida street address)	
New Registered Office Address:		Florida 1
	(City)	(Zip Gode)
New Registered Agent's Signature, if changing R		,, <u> </u>
hereby accept the appointment as registered agent.	I am familiar with and accept th	w obligations of the position.
Sid	mature of New Revistered 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: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>s</u>	
X Add	<u>SV</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	Title	<u>N</u>	i <u>ame</u>	<u>Addres</u> s
1) Change	S	ام	Alvaro Carrascosa	1395 Brickell Ave. Suite 760
Add				Miami, Fl. 33131
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		- -		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		. <u>.</u>		
Add				
Remove				

(Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у поладуненияе, пинеше (ул)	
	
	

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 wild document's effective date on the Department of State's records.	Il not be fisted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
October 9, 2019 Dated Signature	
(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)	
Alfonso Carrascosa	
(Typed or printed name of person signing)	
President	
(Title of person signing)	