P190000 29547

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COVER LETTER (

	COVER LETTER ,	
TO: Amendment Section Division of Corporations	·	A.
NAME OF CORPORATION:	Raquel Mariana P.	A. Z
DOCUMENT NUMBER:	P19 0000 29547	
The enclosed Articles of Amenda	nent and fee are submitted for filing.	A
Please return all correspondence of	concerning this matter to the following:	
	Raquel Mariana	
	Name of Contact Person	
	Firm/ Company	
	19 Pinta Road	
	Address	
	Coconul Grove, FL 3313° City/ State and Zip Code	3
	City/ State and Zip Code	
	Rmariana 210@gmail.c	om
E-ma	l address: (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	
Raquel Mar	iana _{at (646)} 318	1905
Name of Contact	rerson at (646) 318 Area Code & Daytime	
Enclosed is a check for the follow	ring amount made payable to the Florida Department of Stat	e:
	.75 Filing Fee & S	e of Status Copy al Copy
Mailing Addre Amendment Se		
Division of Cor P.O. Box 6327		ions

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

(Mame of Cor)	poration as currently theo with the ribrida Dept. of Sig	<u>are)</u> 75.
	P 190000 29547	100 m
(1	Document Number of Corporation (if known)	. 61.7
Pursuant to the provisions of section 607,1006, las Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adopts the	ne following amendmer
A. If amending name, enter the new name of		
Raquel Mar	iana, P.A. e word "corporation," "company," or "incorporated"	The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional corporation in	or the abbreviation ame must contain the
B. <u>Enter new principal office address, if appl</u> Principal office address <u>MUST BE A STREE</u>	licable:	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the stered office address:	<u></u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Floric	da
	, Florid	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a	n <mark>g Registered Agent:</mark> gent. I am familiar with and accept the obligations of the	e pasition.
	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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		-		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

		<u>.</u>			
. <u>-</u>					
ige, reclassific	cation, or c	ancellatio	n of issued	shares,	
ment if not co	ontained in	the amen	dment itsel	<u>lf:</u>	
			 .		
					
					<u>.</u>
	ge, reclassifi ment if not co	ge, reclassification, or c	ge, reclassification, or cancellatio ment if not contained in the amen	ge, reclassification, or cancellation of issued ment if not contained in the amendment itse	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

The date of each amendment(s) adoption date this document was signed.	:	, if other than th
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment fil	e date)
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requirent of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient The amendment(s) was/were sufficient The amendment(s) was/were adopted by	the shareholders. The number of votes cast for the for approval.	he amendment(s)
	by the shareholders through voting groups. The footing group entitled to vote separately on the ame	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and	shareholder
Dated 4 10 .	2019	
Signature 6110	anal	
(By a director, selected, by ar	president or other officer – if directors or officers a incorporator – if in the hands of a receiver, truste action by that fiduciary)	have not been ee, or other court
	Raquel Marian (Typed or printed name of person signing)	٩
	(Typed or printed name of person signing)	
	President	
	(Title of person cianing)	