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(Requ	uestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 1 1 2021 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	MONIA VOGEL	DA SILVA PA		
DOCUMENT NUMBER:		0051785		
The enclosed Articles of Amend	ment and fee are so	ibmitted for filing.		
Please return all correspondence	concerning this ma	itter to the following:		
		JULIO C MOLINA		
		Name of Contact Person	1	
	1.	C. MOLINA & ASSOC.		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	8	260 W. FLAGLER STREE	ET STE 2-C	
		Address		
		MIAMI, FL. 33144		
		City/ State and Zip Cod	e	
	julio@	gemolinaassoc.com		
E-ma	• -	sed for future annual report	notification)	
For further information concernic	ng this matter, plea	se call: 786)	
Name of Contact	Person		/ de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	urtment of State:	
	3.75 Filing Fee & tificate 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FI	, 32314	2415 N	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Artic	les of Amendment
	to Zy 2
Article	es of Incorporation
	of ARE SERVICED A SILVA PA
MONIA	VOGEL DA SILVA PA
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P1	9000051785
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word i "P.A."
B. Enter new principal office address, if applicable:	15701 COLLINS AVE APT 3705
(Principal office address <u>MUST BE A STREET ADDRESS</u>	SUNNY ISL BCH. FLORIDA, 33160-5431
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15701 COLLINS AVE APT 3705
	SUNNY ISL BCH, FLORIDA, 33160-5431
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
(FI	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent.—I am fa	1 Agent: uniliar with and accept the obligations of the position.
Signature o _j	(New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
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			

Attach additional sheets, if n	itional Articles necessary). (B	e specific)				
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If an amendment provides to provisions for implementing	ng the amendm	<u>e, reclassific: ient if not co</u>	ation, or cancel ntained in the :	<u>lation of issue</u> imendment its	<u>d shares,</u> self:	
(if not applicable, indic	ate N/A)					
71						
		-				
····						

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other man the
08/27/2021	
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 n document's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	archolder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	63
(voting group)	FILI 2021 SEP 30 SECKETARY
<u>`</u>	: SE SE SE
08/27/2021 /)	S TO TI
Dated/ \	FILE P 30
Signature	OF A
(By a director, president or other officer – if directors or officers have not been	AIS 7:
incorporator – if in the hands of a receiver, trustee, or other court) IM 7: 24 F_STATE
expointed fiduciary by that fiduciary)	;^^ -
MONIA VOGEL DA SILVA	
(Typed or printed name of person signing)	
P/DIRECTOR	
(Title of person signing)	