## P19000 052 09a

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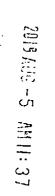
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## COVER LETTER

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: Aurora Pizario Delgado, P.A DOCUMENT NUMBER: P19000 52092 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person L+ of Accounting
Firm/ Company 7750 S.W. //7 Ki ha-City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VM avia E. Ruiz at (30S) 595-2407

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: □\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassce, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

	of		2010	
AL	vora fizar	o Dalgardo, P. A.	2019 653 -5	WH:
(Name of Corpor	ation as currently fil	ed with the Florida Dept. of Sta	ite)	
rl	90000 5200	12.	·	<del></del> :
(Do	cument Number of Co	rporation (if known)	. :.	
ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation adopts th	ne following amendme	ent(s) to
	e corporation:			
ame must be distinguishable and contain the Corp., "Inc.," or Co.," or the designation "Cord" chartered, "professional association," or	word "corporation,"	"company," or "incorporated". A professional corporation of A."	The new or the abbreviation ame must contain the	r n ee
3. Enter new principal office address, if applic Principal office address MUST BE A STREET	cable: ADDRESS )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				-
D. If amending the registered agent and/or ronew registered agent and/or the new regis			<u>f the</u>	
Name of New Registered Agent				
	(Florida str	ees address)		
New Registered Office Address:		(Crp)	orida(Zip Code)	_
New Registered Agent's Signature, if change i hereby accept the appointment as registered	·		of the position.	
	Signature of New	Registered Agent, if changing		
	Dignature sy.	<del>-</del>		

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: <u>PT</u> John Doe X Change V Mike Jones X Remove <u>sv</u> Sally Smith X Add<u>Address</u> Name Title Type of Action (Check One) 1) \_\_\_\_ Change \_\_ Add Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 6) \_\_\_\_\_ Change

\_\_ Add

\_\_ Remove

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	ttach <i>addit</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
	<del></del>		
(if not applicable, indicate N/A)			
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provisions for implementing the amendment is not contained in the amendment is not applicable, indicate N/A)  (if not applicable, indicate N/A)			
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	provision	for implementing the amendment if not contained in the uniquement to see	
	(y no	applicable, indicate (VA)	
	<del></del> -		
			_

The date of each amendment(s) adoption	7/28/19	, if other than th
ISTE THIS GOODSTILL MES SIRING.		
Effective date <u>if applicable</u> :	8/7/17 (no more than 90 days after amenda	sent file dote)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing ent of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cant for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. voting group entitled to vote separately on t	The following statement the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for app	roval
hv	(voting group)	""
	(voting group)	
action was not required.	by the board of directors without shareholde	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder ac-	tion and shareholder
Dated8/5/19	Planter officer - if directors of	
14	7. 2	
Signature (By a direct	or, president or other officer – if directors or un incorporator – if in the hands of a receiv	r officers have not been ver, trustee, or other court
appointed f	iduciary by that fiduciary)	
	(Typed or printed name of person sign	f. 2500
	(Title of person signing)	
	(Title of person signing)	