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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Yo handy Frentes DPM P 200000 12617 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yohandy Frentles at (305) 335 4663

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: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2020

YOHANDY FUENTES 5200 SW 8 ST 201 A CORAL GABLES, FL 33134

SUBJECT: YOHANDY FUENTES DPM CORP

Ref. Number: P20000012617

We have received your document for YOHANDY FUENTES DPM CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00006226

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

| Tohandy trences DF | | |
|---|---|--------------|
| | filed with the Florida Dept. of State) | |
| P 2 00000 12 (| W17 | |
| (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation: | lorida Profit Corporation adopts the following an | nendmen |
| A. If amending name, enter the new name of the corporation: | T. O O. | |
| Yohandy Frentes | | e new |
| name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | | |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | . |
| | | ۱، ۱ |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |) <u> </u> |
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| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | ss in Florida, enter the name of the | |
| Name of New Registered Agent | | |
| | | |
| (Florida street | t address) | |
| New Registered Office Address: | . Florida | |
| CO | ity) (Zip Code | , |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit | th and accept the obligations of the position. | |
| Signature of New Rev. | istered Agent, if changing | |
| | and the second of the second | |
| Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e) |), F.S. | |

| (Attach additional she Please note the officer | | sary) le by the first letter of the office title: | |
|---|--------------|---|---|
| | | • | Director; TR= Trustee; C = Chairman or Clerk; CEO = |
| Executive Officer; Cr. President, Treasurer, | | | or holds more than one title, list the first letter of each offic |
| | | | oe is listed as the PST and Mike Jones is listed as the V. T |
| | | orporation, Saity Smith is named the Ty Smith, SV as an Add. | e V and \$. These should be noted as John Doe, PT as a C |
| 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 | | | |
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| an amendment provide | | | | | |
| rovisions for implemen (if not applicable, ind | licate N/A) | ii not contained i | m the amenoment | <u>nsen:</u> | |
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| The date of each amendment(s) adoption: | 2 | 27 | 20 | , if other |
| date this document was signed. | | | _ | |
| Effective date if applicable: | 0.5 | (.0,2 | 120 | |
| | o more than | 90 days | after amen | dment file date) |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | | icable s | tatutory fili | ng requirements, this date will not be liste |
| Adoption of Amendment(s) (CHEC | CK ONE) | | | |
| The amendment(s) was/were adopted by the incaction was not required. | orporators, or | r board c | of directors | without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | | he numb | er of votes | cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro | | | | |
| "The number of votes cast for the amenda | ient(s) was/w | ere suff | icient for ap | pproval |
| | | | | |
| by | | | | |
| by(voting | group) | | | |
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| Dated 02 27 20 Signature (By a director, presider | nt or other off orator – if in t | icer – if | | r officers have not been ver, trustee, or other court |
| Dated 02 27 20 Signature (By a director, presider selected, by an incorpe appointed fiduciary by | nt or wher off orator – if in to that fiduciar | ficer – if he hand y) | s of a recei | r officers have not been ver, trustee, or other court |
| Dated 02 27 20 Signature (By a director, presider selected, by an incorpe appointed fiduciary by | nt or other off orator – if in t | ficer – if he hand y) | s of a recei | r officers have not been ver, trustee, or other court |
| Dated 02 27 20 Signature (By a director, presider selected, by an incorpe appointed fiduciary by | nt or wher off orator – if in to that fiduciar | ficer – if he hand y) | s of a received to the state of | r officers have not been ver, trustee, or other court |