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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: WILFRIDO LEOP	OLDO PEINADO P.A.		
	IBER: P20000025982			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cori	respondence concerning this ma	tter to the following:		
	WILFRIDO L PEINADO			
		Name of Contact Perso	on	
	WILFRIDO LEOPOLDO PE	INADO P.A.		
		Firm/ Company		
	5960 FAIRVIEW RD STE 40			
		Address		
	CHARLOTTE NC 28210			
		City/ State and Zip Coo	le	
	WILL@DPWREALTY.CON	4		
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further informat WILFRIDO L PEIN	ion concerning this matter, pleas	se call: 704	839-5414	
Nam	e of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:	
S35 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)	
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327	Amen Divisi The O	dment Section on of Corporations Centre of Tallahassee	
Τε	illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

١	VII	ED	ED/A	LEOPOL	DO	DEINIA	DO DA
٠,	VIL	.rĸ	ענו	LEUPUL	コハナ	PERNA	DUPA.

(Name of Corporation as curre	ently filed with the Florida Dept. of St	ate)
20000025982		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:		
WILFRIDO PEINADO P.A.		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name m	abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	. سے
(Principal office address MUST BE A STREET ADDRESS)		
	-	
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	125 REMOUNT RD	
	STE C-1 PMB 2030	بن ت
	CHARLOTTE NC 28203	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		<u>he</u>
Name of New Registered Agent 1.		 -
N A	ı street address)	
	i street addressy	
New Registered Office Address: N D	(City), Florid	da(Zip Code)
	(CIN)	(Zip Coae)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio		e vosition.
	, , ,	,
NA	w Registered Agent, if changing	
Signature of Nev	w Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	11) (c), 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		NA	
Add			
Remove		·	· ·····
2) Change	-	AN	
Add			
Remove 3) Change		4 4	
Add			
Remove			
4) Change		NA	
Add			
Remove			***
5) Change		NA	
Add			
Remove			
6) Change		Alu	
Add		·	
Remove			

Attach additiona	dding additional A sheets, if necessary). (Be specific)			
NA						
<u> </u>						
			<u></u>			
				- , , - , 		
						
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tan amandman	t provides for an e	vahanga madaa.	iliantian ar an	nadlation of ion	und aboung	
provisions for i	mplementing the a	mendment if no	t contained in t	he amendment	itself:	
(if not appli	cable, indicate N/A	i	-			
NIA						
				<u></u>		
	· · · · · · · · · · · · · · · · · · ·					
						
**						

The date of each amendment(s)	adoption: NA	, if other than the
date this document was signed.	(01/2020	
OC Effective date <u>if applicable</u> :	/01/2020	
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this document's effective date on the		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes sufficient for approval.	cast for the amendment(s)
	pproved by the shareholders through voting group or each voting group entitled to vote separately or	
"The number of votes ca	st for the amendment(s) was/were sufficient for a	pprovat
by NA		
	(voting group)	
Signature	director, president or other officer – if directors of	or officers have not been
selec	ted, by an incorporator – if in the hands of a receined fiduciary by that fiduciary)	
	WILFRIDO LEOPOLDO PEINADO P.A.	
	(Typed or printed name of person si	gning)
	PRESIDENT	
	(Title of person signing)	