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COVER LETTER

TO: Amendment Section , Division of Corporations

NAME OF CORPORATION: Natalia Eccheverri, P.A. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Natalia Echeverri Name of Contact Person Natalia Eccheverri, P.A. Firm/ Company 940 NANDINA DRIVE Address WESTON, FL 33327 City/ State and Zip Code Natalia@estatereal.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Natalia Echeverri Name of Contact Person 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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NATALIA ECEHEVERRI P.A.

(Name (of Cornoration as curren	tly filed with the Florida D	ent of State)
P20000070994	or por por anon as eacher	<u> </u>	epiror state
	(Document Number	of Corporation (if known)	**************************************
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
Natalia E. Echeverri, P.A.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) id/or registered office adverses address		name of the
Name of New Registered Agent	Natalia E. Echeverri		
New Registered Office Address:	(Florida s	treet address)	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar		
Check if applicable		S S S S S S S S S S S S S S S S S S S	.

☐ 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>	Name	Address
1) Change	<u>P</u>	NATALIA ECEHEVERRI	940 NANDINA DRIVE
Add			WESTON Florida 33327
X Remove			
2) Change	<u>P</u>	Natalia E. Echeverri	940 NANDINA DRIVE
X Add			WESTON Florida 33327
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additiona	adding additional A il sheets, if necessary,). (Be specific)	- Major at at a		
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	. ()				
nrovisions for	nt provides for an ex	cnange, reciassiii	cation, or cancella	<u>tion of issued snare:</u> Jendment itself:	ŗ.
(if not appl	implementing the ar licable, indicate N/A)				
				-	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ameres sufficient for approval.	ndment(s)
must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated		
_	Datitio 8	
selec	a director, president of other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot pointed fiduciary by that fiduciary)	
	Natalia E. Echeverri	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	