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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : 120180000072

: (305)820-3200

Fax Number

: (305)820-2998

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ILEANA HURTADO PA

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OCT 28 2020

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## Articles of Amendment to Articles of Incorporation of

ILEANA HURTADO PA				
(Name of Corporation as currently	filed with the Florida Dept. of State	2)		
P20000080999				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the	followin	g am <b>e</b> ndi	ment(s) t
A. If amending name, enter the new name of the corporation:				
			The n	esv
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			on "Corp	.,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				-
				- - <i>0</i>
C. Enter new mailing address, if applicable:			202	**
(Mailing address MAY BE A POST OFFICE BOX)		7	<u> </u>	17
			<u> </u>	- <del>; =</del>
	•••	1973 1273	<u>ٽ</u>	רדן -
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the		U	
new registered agent and/or the new registered office address:			2	
Name of New Registered Agent		<u></u>	_ LS	
			-	
(Florida stree	et adaress)			
New Registered Office Address:	, Florida_ City)	(Zip (	Code)	-
	•	•	·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the p	osition.		
Signature of New Re-	gistered Agent, if changing		-	
	Server on the serve of servering			
Check if applicable				

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☐ 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)

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>	Salty Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s	
1) Change	P	AMERI	ICA BANK	<u> </u>	782 NW 136TH AVE	
Add				,	MIAMI FL 33182	
X Remove  2) Change	P	ILEAN	A HURTADO	-	782 NW 136TH AVE	
X Add		<u> </u>			MIAMI FL 33182	
Remove 3) Change						
Add						<del></del>
Remove				-		_
4) Change	<u> </u>					
Add				,		
Remove				-		
5) Change		_		<del></del> .		
Add				,		
Remove			•	•		
6) Change		<del>-</del>	<del></del>	<del></del> ·		
Add						
Remove						

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
DD EIN 85-3 <b>536</b> 378	
	······································
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate NA)	endment if not contained in the amendment itself:
(y nor approach, maioais : in)	

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The date of each amendment(s) adoption:date this document was signed.	, it other than the
_	•
Effective date if applicable:	
(no me	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable stanutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK O	NE)
The amendment(s) was/were adopted by the incorporaction was not required.	rators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehimust be separately provided for each voting group e	olders through voting groups. The following statement ntitled to vote separately on the amendment(s):
"The number of votes east for the amendment;	) was/were sufficient for approval
by	
ivoting grou	p)
Dated	ther officer – if directors or officers have not been
selected, by an incorporator	if in the hands of a receiver, trustee, or other court
appointed fiduciary by that	iduciary)
ILEANA HURTAD	0
(Typed or	printed name of person signing)
PRESIDENT	
(Title of p	erson signing)

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