P21000019820

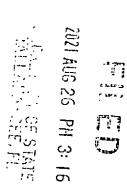
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TO: Amendment Section

Division of Corporations

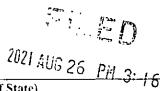
Tallahassee, FL 32314

NAME OF CORPORATION: MICHELLE E ALVAREZ, P. A. DOCUMENT NUMBER: P21000019820 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELLE ALVAREZ Name of Contact Person Michelle E Alvarez, PA Firm/ Company 901 BRICKELL KEY BLVD SUITE 1602 Address MIAMI, FL, 33131 City/ State and Zip Code gmtinancialsystemsllc@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE ALVAREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐ \$52.50 Filing Fee \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing 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 32303

Articles of Amendment to Articles of Incorporation of



MICHELLE E ALVAREZ, P. A.

(Name of Corporation as currently filed with the Florida Dept. of State) P21000019820 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MICHELLE ALVAREZ RE, P. A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "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>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		,,-
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent —
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
selecte	lirector, president or other officer – if directors or officers have not been doby an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) Michelle Alvarez	T
	(Typed or printed name of person signing)	
	Manager / PRESTACIO	
	/ (Title of person signing)	