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| Special Instruction | s to Filing Officer: | |
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COVER LETTER

TO: Amendment Section

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| Division of Corporations | |
|--|--|
| NAME OF CORPORATION: | nesis Luza PA |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are s | submitted for filing. |
| Please return all correspondence concerning this m | natter to the following: |
| Gomesis | Laza Zambrano |
| | Name of Contact Person |
| 9811 West vio | Firm/ Company |
| Cosal Sprin | Address 195 FL 3307Ce City/ State and Zip Code |
| | City/ State and Zip Code |
| | used for future annual report notification) |
| For further information concerning this matter, ple | ease call: |
| Genesis Laza | at (561) 563-1097 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | e payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

| | OSOBICE A COMPONATE |
|--|---|
| (Document Number of | SECRETARY OF STATE Corporation (if known) TALLAHASSEE, FL |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s |
| . If amending name, enter the new name of the corporation: | |
| Genesis Laza Zambrano, P.A | The new |
| ame must he distinguishable and contain the word "corporation," "color.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| . Enter new principal office address, if applicable: | 9811 Westview DR #1917 |
| Principal office address MUST BE A STREET ADDRESS | 9811 Westview DR #1917 Cord Springs FL 33076 |
| | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9811 Westview DR 7/917 |
| (Maining address MAT DE AT OST OTTTCE BOX) | 9811 Westview DR 74917 Coral-springs IL 33076 |
| . If amending the registered agent and/or registered office addr | |
| | |
| new registered agent and/or the new registered office address: | • |
| Name of New Registered Agent | · |
| Name of New Registered Agent | |
| | |
| Name of New Registered Agent (Florida stre | vet address) |
| Name of New Registered Agent (Florida stre | |
| Name of New Registered Agent (Florida stre | eet address), Florida (City) (Zip Code) |
| Name of New Registered Agent (Florida stre | ret address), Florida(City) (City) (Zip Code) |
| Name of New Registered Agent (Florida stre New Registered Office Address: (where the street of th | ret address), Florida(City) (City) (Zip Code) |

Check if applicable

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.

| X Change | <u>PT</u> | John Do | <u>oc</u> | |
|----------------------------|--------------|----------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| _X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| I) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
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| n amendment provides for an excha | inge reclassifii | ration or cal | ncellation of is | sned shares | |
| ovisions for implementing the amen | dment if not c | ontained in t | he amendmen | t itself: | |
| (if not applicable, indicate N/A) | | | | | |
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| | och amendment(s) adoption: | , if other than the |
|----------------------------|---|---------------------------|
| date this docum | nent was signed. | |
| Effective date | if applicable: 64/07/2021 (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| | late inserted in this block does not meet the applicable statutory filing requirements, this date fective date on the Department of State's records. | will not be listed as the |
| Adoption of A | mendment(s) (CHECK ONE) | |
| The amendn action was n | ment(s) was/were adopted by the incorporators, or board of directors without shareholder action not required. | and shareholder |
| | ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) eholders was/were sufficient for approval. | |
| ☐ The amendn | ment(s) was/were approved by the shareholders through voting groups. The following statement | |
| must be sep | parately provided for each voting group entitled to vote separately on the amendment(s): | |
| | | |
| | number of votes cast for the amendment(s) was/were sufficient for approval | |
| "The n | parately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The n | number of votes cast for the amendment(s) was/were sufficient for approval (voting group) | |
| "The n | number of votes cast for the amendment(s) was/were sufficient for approval (voting group) | |
| "The n | number of votes cast for the amendment(s) was/were sufficient for approval (voting group) | |
| "The n | Dated OH OT ZOZI Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |