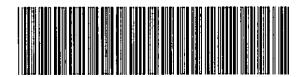
## P210000 42372

| (Re                     | questor's Name)   |                   |
|-------------------------|-------------------|-------------------|
|                         |                   |                   |
| ————(Ad                 | dress)            |                   |
|                         |                   |                   |
| (Ad                     | dress)            |                   |
| <b>V</b>                | ,                 |                   |
|                         | (0) - (7) (0)     |                   |
| (Cit                    | y/State/Zip/Phone | <del>2</del> #)   |
| PICK-UP                 | WAIT              | MAIL              |
|                         |                   |                   |
| (Bu                     | siness Entity Nan | ne)               |
| (                       | ,,                | ·· <del>-</del> , |
|                         |                   |                   |
| (100                    | cument Number)    |                   |
|                         |                   |                   |
| Certified Copies        | _ Certificates    | of Status         |
|                         |                   |                   |
| Special Instructions to | Filing Officer    |                   |
| Openial mondenone to    | , mig omoon       |                   |
|                         |                   |                   |
|                         |                   |                   |
|                         |                   |                   |
|                         |                   |                   |
|                         |                   |                   |
|                         |                   |                   |
|                         |                   |                   |





700366435527

06/01/21--01021--019 \*\*43.75

J. FASON JUL 02 2021 01 JULY -1 PH 3: 56

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: Adriana Varela PA  | <b>\</b>   |  |
|-------------------------|--|--|--|
| DOCUMENT NUM            | D21000042272   |  |  |
| The enclosed Articles   | of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corre | spondence concerning this ma   | itter to the following:  |  |
|                         | Adriana Varela del Puerto  |  |  |
|                         |  | Name of Contact Person   | 1  |
|                         |  | Firm/ Company  | <u> </u>   |
|                         | 9255 SW 125th Ave - Apt 30   | 3R   |  |
|                         |  | Address  |  |
|                         | Miami, FL 33186  |  |  |
|                         |  | City/ State and Zip Code   |  |
|                         | adrianavdp2222@gmail.com   |  |  |
|                         | E-mail address: (to be us  | sed for future annual report                                     | notification)  |
| For further information | n concerning this matter, pleas  | se call:   |  |
| Adriana Varela del Pu   | ierto  | at (   | 833-2781   |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for | or the following amount made   | payable to the Florida Depa                                      | artment of State:  |
| ☐ \$35 Filing Fee       | ■\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                 |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

Adriana Varela P.A.

| (Name o   | of Corporation as currentl                         | ly filed with the Florida De   | pt. of State)  |                    |             |
|---|--|--------------------------------|----------------|--------------------|-------------|
| P21000042372  |  |                                |                |                    |             |
|   | (Document Number o                                 | f Corporation (if known)       | _              | •                  |             |
| Pursuant to the provisions of section 607. its Articles of Incorporation:   | 1006, Florida Statutes, this                       | Florida Profit Corporation     | adopts the fo  | llowing amen       | dment(s) to |
| A. If amending name, enter the new na   | ame of the corporation:                            |                                |                |                    |             |
| Adriana Varela del Puerto P.A.  |  |                                |                | The                | new         |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted "professional association."                            | Corp." "Inc." or "Co". A                           | A professional corporation     |                | eviation "Cor      | p.,         |
| B. Enter new principal office address,<br>(Principal office address MUST BE A S   |  | N/A                            |                |                    | ··-         |
|   |  |                                |                |                    |             |
|   |  |                                |                |                    | _           |
| C. Enter new mailing address, if appli  | icable:  | N114                           |                |                    |             |
| (Mailing address MAY BE A POST of   |  | N/A                            |                |                    |             |
|   |  |                                |                |                    |             |
|   |  |                                |                |                    | <del></del> |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent   |  |                                | ame of the     |                    |             |
|   | (Florida str                                       | eet address)                   |                | <del></del>        |             |
| New Registered Office Address:  | N/A  |                                | . Florida      |                    |             |
| ne w negaserea opple radiress.  |  | 1 103104                       | (Zip Code)     |                    |             |
| New Registered Agent's Signature, if cl I hereby accept the appointment as registe  Check if applicable  The amendment(s) is/are being filed po | ered agent. I am familiar w<br>Signature of New Re | with and accept the obligation | ns of the posi | 021 Juni – 1 PM 3: | ، ،<br>ر    |
|   |  |                                |                | 95                 |             |

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                      | PT           | John Do      | <u>ec</u>   |                 |
|-------------------------------|--------------|--------------|-------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jo      | nes         |                 |
| X Add                         | <u>sv</u>    | Sally Sn     | <u>uith</u> |                 |
| Type of Action<br>(Check One) | <u>Title</u> |              | <u>Name</u> | <u>Addres</u> s |
| 1) N/A Change                 | N/A          | _            | N/A         | N/A             |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 2) Change                     |              | _            |             |                 |
| Add                           |              |              |             |                 |
| Remove 3) Change              |              | _            |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 4) Change                     |              | _            |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 5) Change                     |              | <del>-</del> |             |                 |
| Add                           |              |              |             |                 |
| Remove                        |              |              |             |                 |
| 6) Change                     |              | _            |             |                 |
| Add                           |              |              | <u></u> .   | -               |
| Remove                        |              |              |             |                 |

|          | <mark>ding or adding add</mark><br>additional sheets, if r | iecessary). ( | Be specific)   |                  |                 |             |              |
|----------|--|---------------|----------------|------------------|-----------------|-------------|--------------|
| N/A      |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               | <u> </u>       |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                | ···········      |                 |             |              |
|          |  | <del></del> . |                |                  |                 | <del></del> |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  | <del></del>   |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             | _            |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                | *                |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             | <del>.</del> |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                | -                |                 | -           |              |
| <u> </u> |  |               |                | <del></del>      |                 |             |              |
|          | <del></del>  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                | ···              |                 |             | -            |
|          |  |               |                |                  |                 |             |              |
| lf an am | endment provides   | for an evchan | no racloscific | stian ar cancall | ntion of icense | charac      |              |
| provisi  | ons for implementi   | ng the amendi | nent if not co | ntained in the a | mendment itsel  | f:          |              |
|          | not applicable, indic                                      | ate N/A)      |                |                  |                 |             |              |
| I/A      |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          | -1,,,,,  |               |                |                  |                 |             | 11-          |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          | <u> </u>   |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |
|          |  |               |                |                  |                 |             |              |

| The date of each amendment(s)  | N/A  | if ashan thun t             |
|--|--|-----------------------------|
| date this document was signed.   | auprioti.  | , if other than t           |
| N/A<br>Effective date <u>if applicable</u> :                                 |  |                             |
|  | (no more than 90 days after amendment file date)   |                             |
| <b>Note:</b> If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this department of State's records.  | ate will not be listed as t |
| Adoption of Amendment(s)   | (CHECK ONE)  |                             |
| The amendment(s) was/were adaction was not required.                         | opted by the incorporators, or board of directors without shareholder act  | ion and shareholder         |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s             | opted by the shareholders. The number of votes east for the amendment ufficient for approval.  | (8)                         |
|  | proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):   | aent                        |
| "The number of votes cas<br>N/A<br>by  | t for the amendment(s) was/were sufficient for approval  | 2021                        |
| · · · · · · · · · · · · · · · · · · ·  | (voting group)   | 2021 JUN - 1                |
| 05/27/202  |  |                             |
| Dated  |  | PH                          |
| Signature  | ded by   | بب<br>س                     |
| selecto  | lifector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) | rt                          |
|  | Adriana Varela del Puerto  |                             |
|  | (Typed or printed name of person signing)  |                             |
|  | President  |                             |
|  | (Title of person signing)  | <del></del>                 |