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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:						
DOCUMENT NUMBER: P 210000 49 932						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
						
Irina Mendez						
Name of Contact Person						
Tying Mendez, PA Firm/ Company						
Firm/ Company						
1300 Ovickell Box Dr apt 2405						
Miami, FL, 33131 City/State and Zip Code						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
For further mioritation concerning this matter, prease can.						
Tring Mendez at (786) 620 - 1665 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRINA MENDEZ, PA	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	10
A. If amending name, enter the new name of the corporation:	
IRINA MENDEZ WILKINS, PA The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "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 MUST BE A STREET ADDRESS)	
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	3
(Florida street address)	
New Registered Office Address: , Florida (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	

☐ 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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				***
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

	cles, enter change(s) her (Be specific)			
				
		·		
				<u></u>
f an amendment provides for an each	ange, reclassification, o	cancellation of issue	d shares,	
i an amenument provides by all CXCI	ndmant if not contained	in the amendment its	<u>elf:</u>	
provisions for implementing the ame (if not applicable, indicate N/A)	ngment ii not comained			
provisions for implementing the ame	ngment ii not comanico		.	
provisions for implementing the ame	ilginent ii not comanico			
provisions for implementing the ame	inginent ii not contained			
provisions for implementing the ame	inginent ii not contained			
provisions for implementing the ame	inginent ii not comanico			

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The date of each amendment(s) adoption:date this document was signed.	, if other than th
·	
Effective date if applicable: (no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statulocument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of daction was not required.	irectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	rately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	• •
by(voling group)	··
Dated 07/02/2021 Signature	
Signature (By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	ectors or officers have not been a receiver, trustee, or other court
	ende Z
(Typed or printed name of p	erson signing)
Off-icer /	Director
(Title of person signing)	