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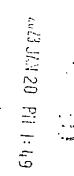
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COVER LETTER

TO: Amendment Section . ' Division of Corporations	
NAME OF CORPORATION: Vances	Ramirez Triano, P.A
DOCUMENT NUMBER: P22000 S	3071
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
<u>X VANE</u>	Name of Contact Person
<u> </u>	ANESSA FAMIFEZ V.A.
χ (5583 NW 9151 CT
X MIAM	Address N LAKE FL 33018 City/ State and Zip Code
X MANESS A O 3	505 MIAMIPPOPERTIES. COM
For further information concerning this matter, please	e call:
Name of Contact Person	at (786) 731 47 93 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee S43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee 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	_		
Vanessa	Tamirez	2 Triana	2018 41 An	Die 1
(Name of Corp	oration as currently	filed with the Florida D	ept. of State)	111 1.49
7720000 230 11				37 °r
	Document Number of	Corporation (if known)	-	, •
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of	the corporation:			
Vanossa R	an, re 2,	P.A.		The new
name must be distinguishable and contain the wo. "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the By Enter new principal office address, if appli	rd "corporation," "co "Inc," or "Co". A abbreviation "P.A."	mpany," or "incorporate		ution "Corp.,"
Principal office address MUST BE A STREET				
6. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>SE BOX</u>)			
D. If amending the registered agent and/or renew registered agent and/or the new registered		ess in Florida, enter the r	name of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
	(6	City)	/2	ip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		ith and accept the obligati	ions of the positio	n.
-	Signature of New Reg	gistered Agent, if changin	g	

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.

Example:

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	ne <u>s</u>		
X Add	<u>sv</u>	Sally Sm	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove				,	
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_			
Add					******
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
(hanging name at P.A. from	n Voxessa Ramirez
+ . 000	P A
Triana P.H. To Vanessa K	umice fire.
	
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P. 16	and about
F. If an amendment provides for an exchange, reclassification, or cancellation of issu- provisions for implementing the amendment if not contained in the amendment	itself:
(if not applicable, indicate N/A)	
NI A	
	_
u	
	

.

date this document was signed.	adoption:, if other than the
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 date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were accaction was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
by Shar	Y W O (12 7 3 "
by Shar	(voting group)
by Shar	(voting group)
DatedSignature	weng- (42024)
Dated Signature 4	director, president of other officer - ix directors or officers have not been
DatedSignature (By a select	weng- (42024)
DatedSignature (By a select	director, president or other officer – it directors or officers have not been ed, by an incorporator – if in the bands of a receiver, trustee, or other court