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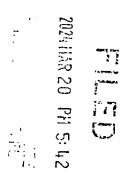
(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANA MEJIA REA	LTY P.A.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YOANNA L BELTRAN		
		Name of Contact Person	1
	BELTRAN ACCOUNTING	SERVICES CORP	
		Firm/ Company	
	6303 BLUE LAGOON DRIV	ZE SUITE 400	
		Address	
	MIAMI, FL 33126		
	-	City/ State and Zip Cod	e
	ybeltran@beltranaccounting.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		
YOANNA L BETRA	·	at () 456-1999 de & Daytime Telephone Number
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:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Amendment corporation

(s) to

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٠.	- N / N	ALC:	11.4	1(1, 1)	1.11	11.4

ASA MIDIA KEALI I F.A.	2021		
(Name of Corporation as curren	tly filed with the Florida Dept. of State) Plot		
P22000060568	itly filed with the Florida Dept. of State) PF 5: 42		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new name of the corporation:			
ANA MARIA MEJIA AMAYA P.A.	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	4667 SANTA CRUZ WAY		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DAVIE, FL 33314		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4667 SANTA CRUZ WAY		
	DAVIE, FL 33314		
D. If amending the registered agent and/or registered office ad	dans in Charida anton the name of the		
new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida :	street address)		
New Registered Office Address:	121 i.d.,		
Sew Registered Office Address.	, Florida		
New Registered Agent's Signature, if changing Registered Age	<u>1t:</u>		
I hereby accept the appointment as registered agent. I am familia	with and accept the obligations of the position.		
			
Signature of New	Registered Agent, if changing		

Check if applicable

 \blacksquare 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>	<u>John De</u>	oe .	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<u></u>		
Add				
Remove				
2) Change		_		
Add				
Remove 3 1 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)				
N/A				
· · ·				
	<u> </u>			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
N/A				

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirer Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amend	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
, ————	(voting group)	
March 8 Dated	. 2024	
o:	X-M. H. V	
Signature(By a	director, president or other officer – if directors or officers h	ave not been
selec	eted, by an incorporator - if in the hands of a receiver, trustee,	
арро	sinted fiduciary by that fiduciary)	
	ANA M МЕЛА	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	