P23000029587

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S. ROBERTS AUG 0 8 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ALAIN GONZALI	EZ PA	
	MBER: P23000029587		
The enclosed <i>Articl</i>	les of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ALAIN GONZALEZ		
	-	Name of Contact Person	1
	ALAIN GONZALEZ PA		
		Firm/ Company	
	15823 NW 91ST CT		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI FL 33018		
		City/ State and Zip Code	2
	alainglezLCSW@outlook.cor		
	_	sed for future annual report	notification)
For further informated ALAIN GONZALE	tion concerning this matter, pleaseZ	se call:	287-8663
Nam	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
A D P	Tailing Address mendment Section division of Corporations O. Box 6327 allahassee, 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

ALAIN GONZALEZ PA

(<u>Name of</u>	Corporation as curre	ntly filed with the Florida Dep	t. of State)	
23000029587				
	(Document Numbe	r of Corporation (if known)		
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation ac	dopts the following am	endmen
. If amending name, enter the new nam	ne of the corporation:	•	·	
ot Applicable.			The	new
ame must be distinguishable and contain th Inc.," or Co.," or the designation "Cor chartered," "professional association," o	rp," "Inc," or "Co".	A professional corporation n	or the abbreviation "C ame must contain the	orp" word
. Enter new principal office address, if				
Principal office address <u>MUST BE A STK</u>	REET ADDRESS)	Not Applicable.		
			~	
. Enter new mailing address, if applica			023	
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	*****		<u> </u>
		Not Applicable.	' ~	
			, -0	
. If amending the registered agent and/			ne of the	· •
new registered agent and/or the new r		<u>285:</u>	£	-
Name of New Registered Agent	ot Applicable.			
_	(Florida	street address)		
New Registered Office Address: N	ot Applicable.		, Florida	
		(City)	(Zip Code)	
ew Registered Agent's Signature, if cha hereby accept the appointment as registere	nging Registered Age ed agent. I am familia	nt: r with and accept the obligation	s of the position.	
	<i>y</i>		A L	
	Signature of Many	Registered Agent, if changing		
	Signature of New	Registered rigent, if changing		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	AMBR	GONZALEZ GONZALEZ	15823 NW 91ST CT MIAMI, FL 33
Add			
R'emove 2) Change	Р	ALAIN GONZALEZ	15823 NW 91ST CT MIAMI, FL 32018
X Add			
Remove 3) Change		Not Applicable.	Not Applicable.
Add			· · · · · · · · · · · · · · · · · · ·
Remove 4) Change		Not Applicable.	Not Applicable.
Add	<u> </u>		
Remove		Not Applicable.	Not Applicable.
5) Change Add			
Remove			
		Not Applicable.	Not Applicable.
Add· · · · · · · · · · · · · · · · · · ·			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	
Not Applicable.	
Том принешения	
	,
-tw-fra	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Not Applicable.	
	The state of the s

	Not Applicable.	
The date of each amendme date this document was sign		n the
	Not Applicable.	
Effective date if applicable	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be listed a he Department of State's records.	is the
-Ādoption-of:Amendment(s	(CHECK ONE)	: •
The amendment(s) was/v action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	s cast for the amendment(s) was/were sufficient for approval	
Not Applicable	·	
by	(voting group)	
	(total group)	
	2023	
Dated		
Signature		
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	ALAIN GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	