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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JUAN J. MOLINA, P.A
DOCUMENT NUMBER: P24000041237
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN JOSE MOLINA Name of Contact Person
Name of Contact Person
Firm/ Company
16175 Golf Club Road No. 3128 8
Address
WESTON FL 33326 E1 S
City/ State and Zip Code
Address WESTON FL 33326 City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification) FM 52
For further information concerning this matter, please call:
JUAN JOSE MOLINA at (954) 496-6260 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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status 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

Articles of Incorporation

JUAN J. MOLINA	r P.M
(Name of Corporation as currently f	
P 24 D D D D 41 23	37
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	_
TUAN TOSE MOLIN	JA , $\gamma .A$ The new
name must be distinguishable and contain the word "corporation," "cor" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceeding the containing of the abbreviation "P.A."	npany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NOT APPLICABLE
(Principal office address MUST BE A STREET ADDRESS)	2021
	E S TI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE TO
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent NU 1 177	PLI UTISM
(Florida stree	PPLICABLE Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
NUT APP Signature of New Res	gistered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (6)	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.
Executive Officer; CFO & Chief Financial Officer. If an officer holds more than the first the first than the fi

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: <u>PT</u> John Doc X Change <u>V</u> Mike Jones X Remove <u>\$V</u> Sally Smith X Add Address <u>Title</u> Name Type of Action (Check One) 1) ____ Change ___ Add _ Remove 14 2) ____ Change ____ Add NIA __ Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change _ Add Remove 5) ____ Change __ Add __ Remove NIA 6) ____ Change ___ Add ___ Remove

NOT APPLICABLE		
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If an amendment provides for an exchange, reclassification, or cancellation of issued share		
provisions for implementing the amendment it not contained in the amendment reger.		
(if not applicable, indicate N/A)		
provisions for implementing the amendment it not contained in the amendment reservi		
(if not applicable indicate N/A)		
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(if not applicable indicate N/A)		

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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenument fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	ind shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	2024 C
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): The number of votes cast for the amendment(s) was/were sufficient for approval	FIL 2024 OCT 25
"The number of votes cast for the amendment(s) was/were sufficient for approval	ç ⊋ Mi
by(voting group)) 2: 5:
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	·
TUAN JOSE MOLINA	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	