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DATE: 10/22/2024

NAME: MARIA ISABEL GUEVARA APARICIO PA

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARIA ISAE	BEL GUEVARA APARICIO, P.A.
DOCUMENT NUMBER: P24000065036	<u> </u>
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
	Name of Contact Person
	Firm/ Company
	Address
	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:
	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount in	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
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

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MARIA ISABEL GUEVARA APARICIO, P. 2024 GCT 22 PM 12 34

P24000065036  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  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.," or the designation "Corp.," "Inc.," or Co.," or the designation "Corp.," "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 the new 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  (Florida street address)  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:  The recovery the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing	(Name of Corporation	on as currently filed with the F	lorida Dept. of State) 78 Sign E.	
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Check if applicable	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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	PARJUS, MARIA I	3003 OAKBROOK DR WESTON.
Add			WESTON, FL 33332
Remove 2) Change	Р	GUEVARA APARICIO, MARIA I	3003 OAKBROOK DR
X Add			WESTON, FL 33332
Remove Change			<del></del>
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add	•		
Remove			
6) Change			
Add			<del></del>
Remove			

Attach	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
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f an a	ndment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provi</u>	ns for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	clock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
10/22/2024 Dated	i.	
	MaBrundayis	
selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	
	MARIA PARJUS	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	<del>.</del>