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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Mavro Injur	y Law, PA				
DOCUMENT NUMBER: P25000013534					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning to	his matter to the following:				
Felipe Mavromatis					
-	Name of Contact Pers	Son			
Mayro Injury Law, PA					
· · · · · · · · · · · · · · · · · · ·	Firm/ Company				
1310 N. Main St., Suite	e 104				
	Address				
Kissimmee, FL 34744					
	City/ State and Zip Co	ode			
felipe@mavroinjurylaw	v.com				
E-mail address: (to	be used for future annual repo	rt notification)			
For further information concerning this matter		224.2004			
<u> </u>	at (ode & Daytime Telephone Number			
Name of Contact Person	Area C	ode & Daytime Telephone Number			
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:			
S35 Filing Fee S43.75 Filing Fee Certificate of Sta		☐\$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	Amer Divis The (2415	t Address Idment Section Idment Sect			

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the P25000013534 (Document Number of Corporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional "chartered," "professional association," or the abbreviation "P.A."	(if known) t Corporation adopts the following amendments	ent(s)	
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Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional		w	
enaries ea, projessional association, or the appreviation P.A.	"incorporated" or the abbreviation "Corp.," corporation name must contain the word	 d	
B. Enter new principal office address, if applicable:	ain St.		
Principal office address <u>MUST BE A STREET ADDRESS</u>) Suite 104	-9	==	
Kissimmee	e, FL 34744	Ĵ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1310 N. M.	ain St.		
Suite 104	Suite 104		
Kissimmee	:, FL 34744		
 If amending the registered agent and/or registered office address in Floridanew registered agent and/or the new registered office address: 	a, enter the name of the		
Name of New Registered Agent Fetipe Mayromatis			
1310 N. Main St., Suite 104			
(Florida street address)			
New Registered Office Address: Kissimmee	, Florida		
(City)	(Zip Code)		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if nece	ssary). (Be specific)		
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The date of each amendment(s) ac date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	1e)
Note: If the date inserted in this bidocument's effective date on the De	ock 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)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the a ficient for approval.	mendment(s)
☐ The amendment(s) was/were appi must be separately provided for a	oved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement ent(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
(By a dir selected	betor/president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or diduciary by that fiduciary)	e not been rother court
_	Typed or printed name of person signing)	
-	President	
	(Title of person signing)	