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Office Use Only

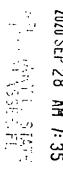


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COVER LETTER

TO: Amendment Sec Division of Corp		*	<i>!</i>
NAME OF CORPO	RATION: MARIA I. MACH.	ADO, P.A.	
	BER: P93000034594		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARIA I. MACHADO		
		Name of Contact Person	1
	MARIA I. MACHADO, P.A	,	
		Firm/ Company	
	901 PONCE DE LEON BLV	D. SUITE 500	
	**	Address	
	CORAL GABLES, FL 33134	1	
		City/ State and Zip Cod	e
	maria@machadocpas.com		
	•	sed for future annual report	potification)
	is man addition (is one or		
For further information	on concerning this matter, plea	se call:	
MARIA I. MACHAI		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	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)
Ma	iling Address		Address
	nendment Section		Iment Section
Division of Corporations			on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The C	entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MARIA I. MACHADO, P.A.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P93000034594	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
N/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".	n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent N/A	
	ida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	Agent:
Signature of N	New Registered Agent, if changing
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)

L'enmanter

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>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	A.J. MACHADO	901 PONCE DE LEON BLVD
Add			SUITE 500
X Remove			CORAL GABLES, FL 33134
2) Change			CORAL GABLES, FL 33134
Add			P 28
Remove 3) Change			<u> </u>
Add			35
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>		-
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	4.4	AM	
	. (5 77 25	7:	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		35	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
N/A			
			<u> </u>

. .

• • •	DECEMBER 31, 2019	
	option:	, if other than th
date this document was signed.	EMBER 31, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	7070 SEP 2
The number of votes east	(voting group)	DO 1
by	(voting group)	i m
	(voling group) —··. =	
SEPTEMBI Dated	ER 25, 2020	ا ان
Signature	Janu Machado President	_
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MARIA I. MACHADO	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)