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EXAMINER

`'COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: ALEXIS	IZQUIERDO & AS	SOCIATES P.A.	
DOCUMENT NU	MBER: <u>P930000693</u>	70		
The enclosed Artic	eles of Amendment and fee a	are submitted for filing	<u>5</u> .	
Please return all co	orrespondence concerning th	is matter to the follow	ring:	
	ALEXIS IZQUI	ERDO		
	(Name	of Contact Person)		
	ALEXIS IZQUI	ERDO, P.A.		
	(Fi	irm/ Company)		
	102 EAST 49	STREET		
		(Address)		
	HIALEAH , FL	33013		
	(City/ S	State and Zip Code)		
For further inform	ation concerning this matter	, please call:		
ALEXIS	IZQUIERDO	at (305)	826-9994	
(Nam	e of Contact Person)	(Area Code	& Daytime Telephone Nur	mber)
Enclosed is a chec	k for the following amount 1	made payable to the F	lorida Department of S	tate:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional cop enclosed)	Certific y is Certific (Additi	Filing Fee cate of Status ed Copy ional Copy losed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle	

Articles of Amendment to Articles of Incorporation of

ALEXIS IZQUIERDO & ASSOCIATES, P.A.

/N		- Fl	
(Name of Corporation as cur	rently filed with th	e Florida Dept. of Si	<u>(ate</u>)
P930000693	 	·· · · · · · · · · · · · · · · · · · ·	
(Document Nu	mber of Corporation	ı (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		s, this <i>Florida Profi</i>	t Corporation adopts the
A. If amending name, enter the new name of	of the corporation:		
ALEXIS IZQUIERDO, P.A	Α.		
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation namassociation," or the abbreviation "P.A."	" "Inc.," or Co.,"	or the designation	"Corp," "Inc," or
B. Enter new principal office address, if ap	plicable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
C. Enter new mailing address, if applicabl	- e:		09 MAR SECRETA
(Mailing address MAY BE A POST OFF			<u> </u>
	_		S = 1
	-		<u> </u>
D. If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida	a street address)	
			. Florida
		(City)	, Florida (Zip Code)
		•	•
New Registered Agent's Signature, if chang I hereby accept the appointment as registered position.			ept the obligations of the
	Signature of New R	egistered Agent, if ch	anging

Attach ad	ditional sheets, if necessary)	f each Officer and/or Director bein	g added:
Γitle	Name	<u>Address</u>	Type of Actio
rite	Name	Audicss	
		<u></u>	☐ Add ☐ Remove
			Remove
			☐ Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
provis		change, reclassification, or cancelle endment if not contained in the am	
provis	ions for implementing the am		
provis	ions for implementing the am		
provis	ions for implementing the am		

The date of each amendment(s)	adoption: JANUARY 1, 2007
Effective date if applicable:	JANUARY 1, 2007
(r	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	oting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	log 109
(B∳a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
-	Alexis Teguirdo (Typed or printed name of person signing)
-	Prisident (Title of person signing)