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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FERNANDO GON	MEZ & ASSOCIATES, INC	<u> </u>				
DOCUMENT NUMBE	P96000068026						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspo	ondence concerning this ma	tter to the following:					
		FERNANDO GOMEZ					
	Name of Contact Person						
	FERNANDO GOMEZ & ASSOCIATES, INC.						
_	Firm/ Company						
	1920 SW 54TH STR.						
_	Address						
	(CAPE CORAL, FL 33914					
		City/ State and Zip Cod	С				
	:	FERGOUSA@GMAIL.CO)M				
	E-mail address: (to be us	sed for future annual report	notification)				
For further information of	concerning this matter, pleas	se call:					
FERNANDO GOMEZ		at (²³⁹	910-6145				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	S43.75 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)				
Ameno Divisio P.O. B	ng Address dment Section on of Corporations lox 6327 assec, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301				

Articles of Amendment Articles of Incorporation of

FERNANDO GOMEZ & ASSOCIATES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000068026

ryou	00008020		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the f	following amend	Iment(s)
A. If amending name, enter the new name of the corporation:			
		The i	new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation nam	r the abbrevia	tion
B. Enter new principal office address, if applicable:	1920 SW 54TH STR.		
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33914		_ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1214 SANTA BARBARA BLVD.		_
	CAPE CORAL, FL. 33991	19 FACE	_
		HA A	_ ~
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses		3388 0 488 9-	
	<u></u>		
Name of New Registered Agent		_ S	
		D _A	
(Florida	street address)		
New Registered Office Address:	, Florida		_
	(Zip Code)		
N. B. C. L. D. C. L. C. D. C. L. D. D. C. L. D.			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		osition.	
Signature of New	v Registered Agent, if changing		

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Namc</u>	<u>Addres</u> s
1) Change	TD	LOPEZ, JOSE A	415 NW 2TH AVE
Add			CAPE CORAL, FL 33993
X Remove			
2) Change	TD	ALVAREZ, JUAN CARLOS	1928 NE 18TH PL
X Add			CAPE CORAL, FL 33909
Remove			19
3) Change		_	<u>=</u> = = = = = = = = = = = = = = = = = =
Add			
Remove			
4) Change			S: 14 ORIOA
Add			
Remove			
5) Change		_	_
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
HILITAGE CO.	
	·
	19 ALL ALL
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	28 <u></u>
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	JUH -6
	5 14 -0810A
•	D _A

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	
☐ 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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature (By a director, president or 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) FERNANDO GOMEZ (Typed or printed name of person signing)	FILED
PRESIDENT, DIRECTOR	
(Title of person signing)	- ,