P97000049415

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C. GOLDEN AUG - 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION: ALEXANDER G.	CUBAS, P.A.			
DOCUMENT NUMBER:	P97000049415				
The enclosed Articles of A		omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
ALE	XANDER G CUBAS				
		Name of Contact Person	<u> </u>		
ALE	ALEXANDER G CUBAS, P.A.				
		Firm/ Company			
958	0 SW 107 AVENUE, SI	• •			
		Address			
MIA	MI, FL 33176				
		City/ State and Zip Code	·····		
ACUBAS	@CUBASLAW.COM				
	_	ed for future annual report	notification)		
For further information con		e call: at (305	595-6337		
Name of Co	ntact Person	at (Area Coo)de & Daytime Telephone Number		
Enclosed is a check for the			•		
\$35 Filling 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

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ALEXANDER G. CUBAS, P.A.

MEENTIBER G. GGBAG, T.A.		SPaces
(<u>Name</u>	of Corporation as currer	olly filed with the Florida Dept. of State ALLAHASSEE, FI
P97000049415		THE THIN SEE, FL
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	9580 SW 107 AVENUE
(Principal office address MUST BE A S		SUITE 202
		MIAMI, FL 33176
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9580 SW 107 AVENUE
		SUITE 202
		MIAMI, FL 33176
D. If amending the registered agent as		
new registered agent and/or the ne		
Name of New Registered Agent	ALEXANDER G. CUB.	45
	9580 SW 107 AVENU	≣, SUITE 202
	(Florida s	treet address)
New Registered Office Address:	MIAMI	33176 , Florida
gen negistered Office Mariess.		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regis.	tered agent. I am familiai	with and accept the obligations of the position.
	Ken	
	Signature of New	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 Do	<u>oc</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
		_		
Add				
Remove				
5) Change				
Add		_		
				· · · · · · · · · · · · · · · · · · ·
Remove				
6) Change		_		
Add				
Remove				

E. <u>If ame</u> (Attacl	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	· · ·
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	, a _ * · · · · ·
•	
	11.19-1- 11.18
	· · · · · · · · · · · · · · · · · · ·
.	
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)
	

•	07-31-2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	7-31-2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	lent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
07-31-2 Dated	2018	
· · · · · · · · · · · · · · · · · · ·	Leen O	
Signature		<u></u>
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)	
	ALEXANDER G. CUBAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	