P97000049415

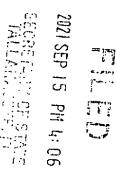
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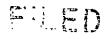
TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALEXANDER G. CUBAS P.A. DOCUMENT NUMBER: P97000049415 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDER G. CUBAS Name of Contact Person ALEXANDER G. CUBAS, P.A. Firm/ Company 3105 NW 107 AVENUE STE 602-A Address DORAL FL 33172 City/ State and Zip Code ACUBAS@CUBASLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (\frac{305}{\text{Area Code & Daytime Telephone Number}} ALEXANDER G. CUBAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of



ALEXANDER G. CUBAS, P.A.

2021 SEP 15 PM 4: N6

		232, 321 13 111 4, 00		
(Name	of Corporation as currer	tly filed with the Florida Dept. of State)		
P97000049415		CALLALASSE, FI		
<u> </u>	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
		The new		
	Corp." "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,	if annlicable:	3105 NW 107 AVENUE		
(Principal office address MUST BE A S		SUITE 602-A		
		DORAL, FL 33172		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3105 NW 107 AVENUE		
		SUITE 602-A		
		DORAL, FL 33172		
D. If amending the registered agent at new registered agent and/or the ne		dress in Florida, enter the name of the ss:		
Name of New Registered Agent	ALEXANDER G. CUB.	AS		
New Registered Office Address:	3105 NW 107 AVENUE	STE 602-A		
	(Florida :	street address)		
	DORAL	, Florida 33172		
	·	(City) (Zip Code)		
		(Cuy) (Etp Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agei tered agent. I am familia	nt: r with and accept the obligations of the position.		
	N	ne		
	Signature of New	Registered Agent, if changing		

Check if applicable

 \square 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)

Add

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.

	<u>~</u>	
<u>Mike Jo</u>	nes	
V Sally Sn	<u>uith</u>	
<u>Γitle</u>	<u>Name</u>	Address
		11.
		
	-	
	_	
	-	
		
	Mike Jo V Sally Sn	Mike Jones V Sally Smith

f amending or adding additions Attach additional sheets, if necess	ary). (Be specific)			
			-	
•				
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	-			
	•	<u>-</u>		
				
				
				-
an amendment provides for a	vevehange reclassific:	ation or cancellation	of icenad charac	
provisions for implementing the	amendment if not co	ntained in the amend	ment itself:	
(if not applicable, indicate N	(4)			
				
			<u></u>	
				
				-

08/01/2021
The date of each amendment(s) adoption:, if other that
date this document was signed.
08/01/2021 Effective date <u>if applicable</u> :
(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 not be listed a locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east 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
, SHAREHOLDERS
by
(voting group)
08/01/2021 Dated
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)
ALEXANDER G. CUBAS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)