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LALLAMASSEE, I LONDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: Law Offices of M.	arlene Ortega, P.A.	
DOCUMENT NU	MBER: P97000056124		
	des of Amendment and fee are su	abmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Rafael Fabian		
		Name of Contact Person	1
	Rafael Fabian, P.A.		
		Firm/ Company	
	10631 N Kendall Drive, Suit	e 145	
		Address	-
	Miami, FL 33176		
		City/ State and Zip Code	e
sa	me as of record		
<del></del>		sed for future annual report	notification)
		rea for fatare annual report	nonneauth)
For further informa	tion concerning this matter, pleas	se call:	
Rafael Fabian		305	856-6700
	ne of Contact Person	at ( 305	_/
:Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	<u>Address</u>
Ā	mendment Section	Amend	ment Section
	Division of Corporations		n of Corporations
	O. Box 6327		Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Law Offices of Martene Orlega, P.A.			
(Name)	of Corporation as currer	itly filed with the Florida Dept. of State	)
P97000056124			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	r the abbreviation
B. Enter new principal office address.	if applicable:	N/A	
(Principal office address MUST BE A S			
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		<del></del>	
			<u> </u>
			- 5 T
D. If amending the registered agent an new registered agent and/or the new			
	N/A	<u>****</u>	<u>ြင</u> ် (၁)
Name of New Registered Agent			
	(Florida s	sireet address)	
New Registered Office Address:		, Florida	
		(City)	(Zip Code)
N. D. I			
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	vanging Registered Ager ered ageni. I am familiai	<u>it:</u> r with and accept the obligations of the po	sition
		of the policy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	VP	_	Leonardo Renaud	2474 SW 27 Terrace
X Add				Miami, FL 33133
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change		_		
Add		_		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	-()			
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f an amendment provides for an excha	ange, reclassifica	tion, or cancella	ation of issued	shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	idment if not con	tained in the an	nendment itsel	<u>f:</u>	
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				<u> </u>	<del></del>
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The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
•	tober 20, 2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: if the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this 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 ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv		
• — <u>— — — — — — — — — — — — — — — — — —</u>	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
October 2	0, 2017	
Dated	11	
 	MARK	
	director, president or other officer – if directors or officers have not been	<del></del>
selecto	d. by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Marlene Ortega	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	