## P97000060584

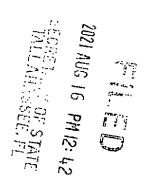
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALOS & ASSOCIA	ATES, P.A.			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ANDRES F. ALOS				
		Name of Contact Persor	1		
	ALOS & ASSOCIATES, P.A.				
		Firm/ Company			
	814 PONCE DE LEON BLVD., SUITE 201				
		Address			
	CORAL GABLES, FL 33134				
		City/ State and Zip Code	<u> </u>		
	andresalos@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas				
ANDRES F. ALOS	<u>.</u>	at (	) 778-4391		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of



ALOS & ASSOCIATES, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) 6 PM 12: 42 P97000060584 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 814 PONCE DE LEON BOULEVARD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 201 CORAL GABLES, FL 33134 C. Enter new mailing address, if applicable: 814 PONCE DE LEON BOULEVARD (Mailing address MAY BE A POST OFFICE BOX) SUITE 201 CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 814 PONCE DE LEON BOULEVARD, SUITE 201 (Florida street address) **CORAL GABLES** New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## Check if applicable

■ 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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	ANDRES F. ALOS	814 PONCE DE LEON BOULVE
Add			SUITE 201
Remove			CORAL GABLES, FL 33134
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Parroye			

ttach addition	adding additional Ai al sheets, if necessary)	. (Be specific)			
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an amendme	nt provides for an ex implementing the an	change, reclassifi	cation, or cancell	ation of issued st	nares,
(if not ann	licable, indicate N/A)	nenument it not c	outained in the at	mengment usen.	•
(V)	,				
•					
·					

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.	/ /	
Effective date <u>if applicable</u> :	08/09/2021	
	(no more than 90 days after amendme	ent file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depart		requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors wit	hout shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes eas ent for approval.	t for the amendment(s)
	ed by the shareholders through voting groups.  Is voting group entitled to vote separately on the	
"The number of votes cast for t	he amendment(s) was/were sufficient for appro	oval
by ALOS A	SSOC(ATES RA - (voting group)	<u></u> ."
Dated	9/2021 Min M	
selected, by	or, president or other officer – if directors or of an incorporator – if in the hands of a receiver, duciary by that fiduciary)	
AN	DRES F. ALOS	
	(Typed or printed name of person signir	1일)
DIR	ECTOR	
	(Title of person signing)	<del></del> -