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COVER LETTER

Division of Corporations NAME OF CORPORATION: Antonia Canero, P.A. DOCUMENT NUMBER: <u>19700097919</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wendy V. Garcia, CPA Binstack, Rubin, Spar, Craraci & Eliza 9100 S Dadcland Blvd, Suite 1701 Miami, FL, 33156
City/State and Zip Code mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Werry V. Garage Person at (305) 570-1984 at 208
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

	Articles of A	mendment		A PA
	to Articles of Inc	corporation	2011	
	of	•		
Antonia (anero P.A			~ A
(Name of	Corporation as current	y filed with the Florid	a Dept. of State)	
<u> 1970000</u>	97919	<u>,</u>		
	(Document Number o	f Corporation (if knowr	1)	
uant to the provisions of section 607.1 rticles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpord	ntion adopts the following	ng amendme
If amending name, enter the new nat	ne of the corporation:			
anero Immigrat	ion Law Fi	rm P.A.		The new
e must be distinguishable and conte	iin the word "corporatio	on, "company," or "		abbreviation
rp.," "Inc.," or Čo.," or the designa L"chartered," "professional associat			corporation name mus.	t contain the
• •		NIΔ		
nter new principal office address, i	f applicable:	14114		
ncipal office address <u>MUST BE A ST</u>	REFT ADDRESS)			
ncipal office address MUST BE A ST Enter new mailing address, if applic	REFT ADDRESS)			
ncipal office address MUST BE A ST Enter new mailing address, if applic	REFT ADDRESS)	N/A_		
ncipal office address MUST BE A ST Enter new mailing address, if applic	REFT ADDRESS)	N/A		
ncipal office address <u>MUST BE A ST</u> <u>Enter new mailing address, if applic</u> (Mailing address <u>MAY BE A POST C</u>	rable: OFFICE BOX)	N/A		
Enter new mailing address, if applic (Mailing address MAY BE A POST C	rable: OFFICE BOX)		he name of the	
Enter new mailing address, if applic (Mailing address MAY BE A POST C) If amending the registered agent and new registered agent and/or the new	able: OFFICE BOX) I/or registered office add registered office address	<u>s:</u>	he name of the	
ncipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST C	Alor registered office address		he name of the	
ncipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST C) If amending the registered agent and new registered agent and/or the new	Able: OFFICE BOX registered office address Weydy V. (10	s: arcia , CP Cland Blud	he name of the A Suite 1701	
Enter new mailing address, if applic (Mailing address MAY BE A POST C) If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	Alor registered office add registered office address Werry V. (100 C. Dadderstered office)	<u>s:</u>	Suite 1701	
Enter new mailing address, if applic (Mailing address MAY BE A POST C) If amending the registered agent and new registered agent and/or the new	Able: OFFICE BOX registered office address Weydy V. (10	s: arcia , CP Cland Blud	he name of the A SUITE 1701	0 Code)

X Llow Consider 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.

Evanular	ve, and sauy sn	ann, 37 as an Aua.	
Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	7	Michelle S. Canero	1101 Brickell Ave
X Add			South Tower #700
Remove			Miami, FL 33131
2) Change	4		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			,
Add			
Remove			

(Attach ac	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)	
	NA	
		·····
		
		
	······································	
If an am	endment provides for an exchange, reclassification, or cancellation of issued shares,	
provisio	ons for implementing the amendment if not contained in the amendment itself: or applicable, indicate N/A)	
(1)	N/A	
		
		<u>-</u>
		·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: April 29, 2019 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will document's effective date on the Department of State's records.	I not 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	
Dated X 29 19 Signature: X AUCHO	
(13.4 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 count appointed fiduciary by that fiduciary)	-
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
1 puo	· · · · · · · · · · · · · · · · · · ·
(Title of person signing)	