P900058089

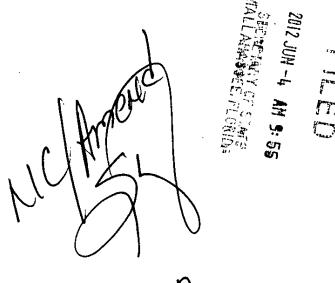
, (Re	equestor's Name)	
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· (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ALINA GONZALEZ, P.A. DOCUMENT NUMBER: P99000058089
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ALINA GUNTALEZ PA
Firm/ Company 2645 S. BAY Shore Dr. #502— Address
City/ State and Zip Code
GONZALEZ - A & EWM . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aleida Aliwa Giwalez at 305 793.8251 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address 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

to

Articles of Incorporation

AliNA GONZALEZ, P.A.

Name of Corporation as currently filed with the Florida Dept. of State)

P 99000058089

(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 nar	ne of the corporation	<u>:</u>		
A/EIDA 1	ALINA GOA	IZALEZ,	PA.	The new
name must be distinguishable and conta	ain the word "corpor	ation," "company,	," or "incorporated"	' or the abbreviation
"Corp.," "Inc.," or Co.," or the designa			ssional corporation n	ame must contain the
word "chartered," "professional associati	on," or the abbreviati	on "P.A."		
B. Enter new principal office address, if		W		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)			
				<u>. </u>
				
C. Enter new mailing address, if applic	able:			
(Mailing address MAY BE A POST O	FFICE BOX)			
			,	
		-		
D. If amending the registered agent and			, enter the name of t	<u>he</u>
new registered agent and/or the new		<u> </u>		
Name of New Registered Agent			GONZALEZ	
_	2645	S. BAY	shore for	#502
	(Florid	a street address)		· 7
New Registered Office Address:	\mathcal{U}_{l}	iani	Florida + 2	74 302 2 33 133 p Code)
	(0	City)	(Zi	p Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered As	zent: Sign with and accept	t the obligations of the	e position.
Thereby accept the appointment as register	L. L.			/
(x) car	MUN WWW.	w /nou	aces/	
C Sign	namre at New Register	гра адриг 11 силид	IDV /\	

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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change Add Remove					
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove			<u>.</u>		
5) Change Add Remove			<u>.</u>		
6) Change Add Remove		<u> </u>			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 	
f an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	·

e ≤ •	Elaulania
The date of each amendment(s) adopt	tion:
Effective date if applicable:	6/24/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h 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	"
	(voling group)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated 5/24	1/2012
Signature &	Herde alina Prosentles
	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
арроппец і	Aleida AliNA GUNZALEZ
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)