L39519

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APR 1 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	OLIVER LANGSTADT, F	P.A
DOCUMENT NUM	1BER:	L39519	
The enclosed Article	es of Amendment and fee a	are submitted for filing.	·
Please return all corr	respondence concerning th	is matter to the following:	
_		R J. LANGSTADT, ESQ.	
	١	Name of Contact Person	
_	OLIVI	ER LANGSTADT, P.A.	
		Firm/ Company	
815 Po		Ponce de Leon Blvd.	
		Address	
		ral Gables, FL 33134	
	C	City/ State and Zip Code	
	langstadt@ E-mail address: (to be use	Dlangstadtpauly.com Id for future annual report notification)	
For further informati	on concerning this matter,	please call:	·
	R J. LANGSTADT	at (18-3909
Name of	Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check t	for the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	2

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

OLIVER LANGSTADT, P.A.

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

L39519

(Document Number of Corporation (if known)

A. If amending name, enter the new name	of the corporation:		
	J. LANGSTADT, P.A.		_The ne
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	he designation "Corp," "Inc	," or "Co". A professional co	d" or th orporatio
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			11 APR -8
 If amending the registered agent and/or new registered agent and/or the new reg 	registered office address in		PM IZ: 17e
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in		2V/
new registered agent and/or the new reg	registered office address in	n Florida, enter the name of the	2V/
<u>Name of New Registered Agent</u> :	registered office address in gistered office address:	n Florida, enter the name of the	2V/

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
	additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
provisi	mendment provides for an ions for implementing the mot applicable, indicate N/A	exchange, reclassification, or cancellange amendment if not contained in the am	ation of issued shares, endment itself:
	-		
<u></u>			

The date of each amendment(s) a	adoption: 1 JANUAR (2011
• 5 1	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no	more than 90 days after amendment file date)
A J	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voi	(ing group)
The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 5 A	EPRIL 2044
Signature O	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
,	ed fiduciary by that fiduciary)
	OLIVER J. LANGSTADT
	(Typed or printed name of person signing)
, 	DPS
	(Title of person signing)