P01000020183

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| <u> </u> |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



200208692182

06/14/11--01034--009 **43.75



2 John Jan

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: LADIEYYE LAW CENTEY POIDODODDAD183 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ONCY CONTACT PERSON.

Name of Contact Person. Lapierre Law Center Firm/Company Plantation FL 33324 <u>nlapierre</u> <u>@lapierrelaw.</u> Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: of Contact Person at (954) 474-0405

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee ■ \$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

| | ncorporation |
|---|--|
| • | of |
| <u>Laperre law</u> | Center, P.A. |
| (Name of Corporation as currently filed wi | th the Florida Dept. of State) |
| <u> </u> | |
| (Document Number of Corpo | oration (if known) |
| Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | ation: |
| name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional assumptions | "Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> | NA (Same) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A (Same) ALED |
| D. If amending the registered agent and/or registered of | |
| Name of New Registered Agent: | ime) |
| New Registered Office Address: (F | lorida street address) |
| (C | , Florida ity) (Zip Code) |
| New Registered Agent's Signature, if changing Registere | |
| I hereby accept the appointment as registered agent. I am f | amiliar with and accept the obligations of the position. |
| | |
| Nignature of N | lew Registered Agent, if changing |

| The date of each amendment(| s) adoption:(O Q \ |
|--|---|
| Effective date if applicable: | (date of adoption is required) |
| Enecuve date <u>il applicable</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes c | ast for the amendment(s) was/were sufficient for approval |
| by | 29 |
| (| (voting group) |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| Dated 6 | 9/11 |
| selec | a director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | President (Title of person signing) |