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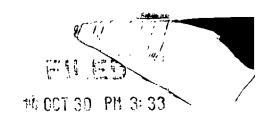
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	D0400007	Elias-Levenso 732	on, CPA, P.A.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Carmen L. Eli	ias, CPA	
_		Name of Contact Person	1
	Carmen L. Eli	ias, CPA, P.A	
_		Firm/ Company	
	5979 NW 151	Street, Suite	221
_		Address	
	Miami Lakes,	FL 33014	
-		City/ State and Zip Code	e
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Carmen L.	Elias	_{at (} 305	_, 817-36689
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
-	ng Address	 	Address
	dment Section		ment Section
	on of Corporations Box 6327		n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Carmen Elias-Levenson, CPA, P.A.

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

(Documen	t Number of Corporation (if known)	•
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following amendment(
A. <u>If amending name, enter the new na</u> Carmen L. Elias, CF		771
ame must be distinguishable and cont	ain the word "corporation," "compa ation "Corp," "Inc," or "Co". A pro	The new ny," or "incorporated" or the abbreviation of the operation name must contain the
3. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applied (Mailing address MAY BE A POST C		
If amending the registered agent and new registered agent and/or the new	d/or registered office address in Flori registered office address:	da, enter the name of the
Name of New Registered Agent	Carmen L. Elias	
	5979 NW 151 Street, St	uite 221
	(Florida street address)	00044
New Registered Office Address:	Miami Lakes	, Florida 33014 (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if ch hereby accept the appointment as registe		ept the obligations of the position.
•		
Sig	nature of New Registered Agent, if char	nging

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 = Treusurer; 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Carmen L. Elias	5979 NW 151 Street
Add			Suite 221
Remove			Miami Lakes, FL 33014
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, indicate in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date it applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
\neg	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated/_	27/2014	
selected	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	_
	Carmen L. Elias, CPA	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing) ———	