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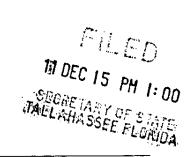
TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: <u>ULYSSES FELD</u>	ER, P.A.	
DOCUMENT NUMBER: P06000041388		
The enclosed Articles of Amendment and fee are se	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
<u>Ulysses Felder</u>		
N	lame of Contact Person	
Ulysses Felder, P.A.		
Olysses Felder, T.A.	Firm/ Company	
7910 Harbor Island Dr Apt B602		
***************************************	Address	
North Bay Village, FL 33141		
	ity/ State and Zip Code	
E-mail address: (to be u	ised for future annual report ase call:	notification)
Ulysses Felder	at ( 305	) 864-0136
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ULYSSES FELDER, P.A.	
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P06000041388	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tamendment(s) to its Articles of Incorporation:	his Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," name must contain the word "chartered," "professional association,	"Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7910 Harbor Island Dr
(Trincipui office aduress <u>MOST BE A STREET ADDRESS</u> )	Apt B602
•	North Bay Village, FL 33141
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7910 Harbor Island Dr
	Apt B602
	North Bay Village, FL 33141
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent: Ulysses Felder	
.7910 Harbor Island Dr. Ap (Florida str	
New Registered Office Address: North Bay Village (City)	, Florida <u>33141</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent.  I hereby accept the appointment as registered agent. I am familiar v	
Thorony according appointment as registered agent. Turn jumittan	чил или иссері те оондинонь ој те розтон.
Signature of New Registered A	toout if shawaina
Signature of New Registerea A	igeni, ij enunging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/directors.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

•

Title(s)	<u>Name</u>	Address
1) <u>D</u>	Ulysses Felder	7910 Harbor Island Dr Apt B602 North Bay Village, FL 33141
2)		
3)		
4)		
5)		
6)		
If REMOVING a	an officer and/or director, please list the	e title(s) and name of the officer/director to be removed:
	Name	Title(s) Name
1)	1	4)
2)		5)

(attach additional sheets, if ne	tional Articles, enter of ecessary). (Be specifi	c)		
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