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SECRETARY OF STATE

OCT 14 2013 R. WHITE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2013

VICTOR A.CAREAGA VICTOR A.CAREAGA & ASSOCIATES,P.A. 2501 S.W. 37TH AVE.,APT #403 MIAMI, FL 33133

SUBJECT: VICTOR A. CAREAGA & ASSOCIATES, P.A.

Ref. Number: P11000003188

We have received your document for VICTOR A. CAREAGA & ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please only check one box under adoption of amendment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 613A00022565



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Letter Number: 613A00022565

## **COVER LETTER**

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: Victor A	. CAREAGE	7 & ASSOCIATES, P.A
DOCUMENT NUMBE	DUBORG	03188	<u> </u>
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Victo	r A. Careaa Name of Contact Person	p
<del></del>		SELF	
_	25015	W- 37 AV	e, Apt, #403
_	Mia	Address  City/ State and Zip Code	33133
	E-mail address: (to be us	Victor	acareaga@yahoo.com
For further information of	oncerning this matter, pleas	se call:	
Victor Name of	Coreaga Contact Person	at (305	de & Daytime Telephone Number
Enclosed is a check for the	he 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)
<u>Mailir</u>	g Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## FROM THE DESK OF VICTOR A. CAREAGA, J.D.

## 2501 S.W. 37<sup>TH</sup> Ave., # 403

Miami, FL 33133

Miami, October 7, 2013

Rebekah White Regulatory Specialist II FLORIDA DEPT. OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Via overnight delivery

Re: SUBJECT: Victor A. Careaga & Assoc., P.A.

Ref. Number: P11000003188

Dear Ms. White:

Thank you for your correspondence dated September 25, 2013. We re-submit the Article of Amendment to the above-styled corporation with the executed corrections requested.

Please acknowledge the receipt of this correspondence, and verify the filing of the requested amendment(s) at your earliest opportunity.

Very walk yours

ICT/XX A. CAREAGA

vac encls

•••	Articles of A	mendment	FILE	ነ
	to Articles of Inc	corporation	***	
1/+ /	O of	•	DET OT AM	11:01
Victor A.	LAREAGA & A	SBOCIATES,	REARETARY OF S	STATE:
(Name of Corporatio	n as currently filed with the F	lorida Dept. of State)	MALLAHASSEE, FL	ORIDĀ
P11	000003188		•	
(Docu	ment Number of Corporation (i	f known)		
Pursuant to the provisions of section of the Articles of Incorporation:	507.1006, Florida Statutes, this	Florida Profit Corporatio	on adopts the following a	mendment(s) to
A. If amending name, enter the new	y name of the corporation:			
CENTER FOR TO	XIC CONTAMINATI	ON CONSULTING	- FORTHE AME	RICAS IN
name must be distinguishable and "Corp.," "Inc.," or Co.," or the deword "chartered," "professional ass	contain the word "corporatio signation "Corp," "Inc," or "	n," "company," or "inc 'Co". A professional cor 'P.A."	orporated" or the abbi poration name must con	reviation
B."Enter new principal office address, if applicable: 2501 5.W			7th AVENUE	
(Principal office address <u>MUST BE</u>			MENT #403	
		<del></del>	33132	
		MIAML +	<u> </u>	
C. Enter new mailing address, if a		POROX	342387	
(Mailing address <u>MAY BE A PO</u>	SI OFFICE BOX)			1 \$
		MAMI	, FL 33231	4
		<del>.</del>		
D. If amending the registered agen	t and/or registered office add	ress in Florida, enter the	name of the	
new registered agent and/or the				
Name of New Registered Ag	eni Victor A	. Greaga ( Ř	iame Egistered ag	FAIT)
<del></del>	2501 5W 3	74 1 # 4n	3	
	(Florida st)	eet address)	<u> </u>	
New Registered Office Addre	Mil Mil	<b>₩</b> î <sub>Flo</sub>	rida 33133	}
New Negastra Office Man	(City)	, 110	(Zip Code)	
Nove Danistanad Assault Classic	if shoulded Durings and Annual			
New Registered Agent's Signature, I hereby accept the appointment as re			itions of the position.	
• • • • • • • • • • • • • • • • • • • •			• •	
<del></del>	Signature of New Registered	Agant if changing	<del></del>	

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.

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

	ts, if necessary). (Be specific)
	\
<del> </del>	
<del></del>	
•	
<del> </del>	
<del></del>	
	and the first of t
<u>visions for implen</u>	vides for an exchange, reclassification, or cancellation of issued shares, nenting the amendment if not contained in the amendment itself:
(if not applicable,	indicate N/A)
•	

The date of each amend date this document was s		, if other than the
Effective date if applica	able:	<del></del> .
	(no more than 90 days after amendment file date)	
Adoption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	as/were approved by the shareholders through voting groups. The following statement rovided for each voting group entitled to vote separately on the amendment(s):	
"The number o	f votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not requir	as/were adopted by the incorporators without shareholder action and shareholder	
Dated	SEPTEMBER 12, 2013	
Signa	ture 119WH- Costle	
C	(By a director, president or other officer - if directors or officers have not been	_
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	Victor A. Careaga	
	(Typed or printed name of person signing)	
	Virector/President	
	(Title of nerson signing)	