P14000032643

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

Office Use Only



100259793441

05/06/14--01016--027 **25.00

05/22/14--01026--006 **10.00

SECRETARY OF STATES
TALL ABASSES FLORIDA

C. LEWIS

MAY 28 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE. Division of Corporations

May 16, 2014

JESSICA SEGATTO 79 SW 12TH ST APT 1006 MIAMI, FL 33139 US

SUBJECT: JESSICA SEGATTO REAL ESTATE, P.A.

Ref. Number: P14000032643

We have received your document for JESSICA SEGATTO REAL ESTATE, P.A and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 814A00010643

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JESSICA DOCUMENT NUMBER: P140000326		AL ESTATE,P.A
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JESSICA SEGA	ATTO	
	Name of Contact Person	1
	Firm/ Company	
79 SW 12TH S	• •	006
	Address	
MIAMI, FL 3313		
	City/ State and Zip Code	e
JESSICASEGATT		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
JESSICA SEGATTO	at (305	785-0896
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	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	Ameno Divisio Cliston 2661 E	Address Iment Section on of Corporations Building Executive Center Circle



Articles of Amendment to Articles of Incorporation of

14 MAY 12 PM 2: 18

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dep	t, of State)
P14000032643	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	•
JESSICA SEGATTO,P.A	The new
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: (City)	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

	sheets, if necessary).	(Be specific)	ge(s) here:		
					·-
			·		·

				· · · · · · · · · · · · · · · · · · ·	
			····		
		· -			
· · · · · · · · · · · · · · · · · · ·					
		, , , , , , , , , , , , , , , , , , ,			
······································					

provisions for in	provides for an exc aplementing the am- able, indicate N/A)	hange, reclassific endment if not co	cation, or cancell ontained in the a	ation of issued sh nendment itself:	ares.
provisions for in	nplementing the am	hange, reclassificendment if not co	cation, or cancell ontained in the a	ation of issued sh mendment itself:	ares.
provisions for in	nplementing the am	hange, reclassificendment if not co	cation, or cancell ontained in the a	ation of issued sh mendment itself:	ares.
provisions for in	nplementing the am	hange, reclassificendment if not co	cation, or cancell ontained in the a	ation of issued sh mendment itself:	ares.
provisions for in	nplementing the am	hange, reclassificendment if not co	cation, or cancellontained in the a	ation of issued sh mendment itself:	ares.
provisions for in	nplementing the am	hange, reclassificendment if not co	cation, or cancellontained in the a	ation of issued sh mendment itself:	ares.



The date of each amendment(s) adoption:	14 MAY 12 PM 2: 18	, if other than the
date this document was signed.	SECRETARY OF STATE	
Effective date if applicable:	TALL AHASSEE, FLEWIDA	
(no more t	than 90 days after amendment file date)	
Adaption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the sharcholders was/were sufficient for approval.	t. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval	·
by	93	
(voting group)		
The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporator	rs without-shareholder action and shareholder	
action was not required,		
Dated_05/20/2014)	
Dated	#	
Signature	the total	
(By a director, president or other	er officer if directors or officers have not been	
selected, by an incorporator – i	f in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fidu	iciary)	
JESSICA SEGAT	то (
(Турс	ed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	