P15 000087093

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Steven Vo	irgas P.A			
DOCUMENT NUMBER: P15000870	3			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
1.1				
WC	Name of Contact Person			
	Steven Vargos P.A Firm/Company			
	325 9 Biscayne BLVD Svite 200			
	Address			
	Miami, FL, 38131			
<u>-</u>	City/ State and Zip Code			
Ç va	50 a 0 50 a 1 1 m = A 2 m a 2 1 a 2 m			
E-mail address: (to be us	ed for future annual report notification)			
,	,			
For further information concerning this matter, pleas	se call: "			
11				
Walter Bteven Vargas	at (_ 786) <u>683-2938</u>			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

	Steven Vargas, P.A. ion as currently filed with the Florida Dept. of State)	
	P15000087093	
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida staticles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
. If amending name, enter the new name of the co	orporation:	
hla He	r Gleven Vargas, PA	The now
Corp.," "Inc.," or Co.," or the designation "Corp vord "chartered." "professional association," or the		
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u> 		
	-	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>)	
,	•	,
. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the	
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	, Florida,	(Zin Code)
	(Cay)	(zap code)
ew Registered Agent's Signature, if changing Reg		
nereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the po-	sition.
Sign	nature 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change •			1
Add			
Remove			
4) Change			
Add			
Remove			
6. 0			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
				<u>. </u>
				
•				
			· · · · · · · · · · · · · · · · · · ·	
	-			
	,	3		•
f an amendment p	rovides for an exchange, re	eclassification, or cancel	lation of issued shares,	
provisions for imp (if not applical	plementing the amendment ble, indicate N/A)	if not contained in the a	mendment itself:	
				
 · -				H
			 	

The date of each amendment(s) acd date this document was signed.	option:, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as to partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated11 / 0 5	115
Signature	Marin S
(By a d	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Izlatter Steven Vargas
	(Typed or printed name of person signing)
	President
	(Title of person signing)