493844

(Requestor's Name)
(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:
TO THE TENTE OF TH
AUTHORIZATION BY PHONE 79
or Hod all ofters in ofe
-116 D3/10/05, Par
4 4 4 1 1 1
OC EXAM SCANE

Office Use Only



900047709489

05 MAR -4 PM 2: 05

03/04/05--01021--020 **52.50

Amendrene 03/10/05 De

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	DRATION. LAUGE J	oseph Realty, In	
ME OF COID	514.110.11. <u>17.0012 &</u>	oseph herity , = h	
DOCUMENT NUN	mber: <u>493844</u>	<i>t</i>	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
	Louis Joseph (Name	of Contact Person)	
<u> </u>	ouis Joseph Renth	m/ Company)	
163	BO MEDICAL LANE,	Suite C (Address)	
Fo	RT My FAS , FL 339 (City/S	70 7 tate/ and Zip Code)	· ·
For further informat	ion concerning this matter,	please call:	
PAT RUSS DACK (Name of Contact Person)		at (<u>239</u>) <u>439-3</u> (Area Code & Daytin	24/1 ne Telephone Number)
	for the following amount:		
□ \$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		Street Address Amendment Sec	. ·

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

to Articles of Incorporation	9
of	3
Louis Joseph Realty, INC.	코 -
(Name of corporation as currently filed with the Florida Dept. of Stat	ie)
493844	 20
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Pr	rofit Corporation
adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
10/10	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.	" "Inc " or "Co")
(A professional corporation must contain the word "chartered", "professional association," or the	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate	Article Number(s)
ANIENDMENTS ADOLTED- (OTHER THAN NAME CHANGE) INDICAC	Article Rumber(3)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ADD: MARC L Joseph	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
ADD: MARC L JOSEPH 1630 MEdical Ln , Suite C.	
ADD: MARC L JOSEPH 1630 MEdical Ln , Suite C. FORT MYERS, FL 33907	h.
ADD: MARC L JOSEPH 11.30 MEDICAL LN; SUITE C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen	MoNAGAS
ADD: MARC L JOSEPH 11.30 MEDICAL LN; SUITE C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen	Mowagas dical Lw, Su
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ADD: MARC L JOSEPH 1630 MEdical Lni, Suite C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 Med	dical Lw, Su
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ADD: MARC L JOSEPH 1630 Medical Lni, Suite C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 Med 1630 M	dical Lw, Su ers, FL 339
ADD: MARC L JOSEPH 1630 MEDICAL LUI, SUITE C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 MEDICAL LUI, SUITE C. 1630 MEDICAL LUI, SUITE C. FORT MYERS 1630 MEDICAL LUI, SUITE C. FORT MYS. 1630 MEDICAL LUI, SUITE C. AS: VICE	dical Lw, Su
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ADD: MARC L JOSEPH 1630 Medical Lni, Suite C. FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 Med 1630 M	dical Lw, Su ers, FL 339
ADD: MARC L JOSEPH 1630 MEDICAL LN, SUITE C FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 MEDICAL LN, SUITE C FORT MYERS 1630 MEDICAL LN, SUITE C FORT MYERS 1630 MEDICAL LN, SUITE C FORT MYERS, FL 33907 AS: VICE FORT MYERS, FL 33907	dical Lw, Su ers, FL 339
ADD: MARC L JOSEPH 1630 MEDICAL LN, SUITE C FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 MEDICAL LN, SUITE 1630 MEDICAL LN, SUITE 1630 MEDICAL LN, SUITE FORT MYERS, FL 33907 AS: VICE FORT MYERS, FL 33907	dical Lw, Su ers, FL 339
ADD: MARC L JOSEPH 1630 Medical Ln, Suite C FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 Medical Ln, Suite C FORT MYERS FORT MYS 1630 Medical Ln, Suite C AS: Vice Fort Myers Fort Mys 1630 Medical Ln, Suite C AS: Vice Fort Myers Fort Mys AS: Secretary (Altach additional pages if necessary)	dical Lw, Su ers, FL 339 Presiden
ADD: MARC L JOSEPH 1630 MEDICAL LN; SUITE C FORT MYERS, FL 33907 AS: TREASURER ADD: Colleen 1630 MEDICAL LN; SUITE 1630 MEDICAL LN; SUITE FORT MYERS 1630 MEDICAL LN; SUITE FORT MYERS 1630 MEDICAL LN; SUITE FORT MYERS, FL 33907 AS: SECRETARY	ed shares, provision

(continued)

The date of each amendment(s) adoption: 302/2005
Effective date if <u>applicable</u> : 03/02/2005 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this Zad day of MARCH 2005. Signature By a director, president of 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) Lows Joseph (Typed or printed name of person signing)
(Typed or printed name of person signing)

FILING FEE: \$35