## H75475

(Requestor's Name)
(Address)
(Address)
(City/Ctata/Zin/Dhana th
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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'AUG 2 8 2012 T. ROBERTS



August 23, 2012

NICK LIGORI COVINGTON LIGORI 5033 W LAUREL ST STE 100 TAMPA, FL 33607

SUBJECT: COVINGTON LIGORI, P.A.

Ref. Number: H75475

We have received your document for COVINGTON LIGORI, 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 complete page 4 in its entirety.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00021682

The date of each amendment(s) a	June 1, 2012
Effective date if applicable:	ne 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved 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	"
	(voling group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> Augu	st 7, 2012
selecto	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Jeremiah D. Lamb
	(Typed or printed name of person signing)
	Owner / President
	(Title of person signing)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	COVINCOON LIGORI S.A.
DOCUMENT NUMBER:	COVINCOON LIGORI, P.A. B 75475
The enclosed Articles of Amendme	
•	cerning this matter to the following:
	Name of Contact Person  Covingon Light P.D.  Firm/ Company
	Name of Contact Person
	Children ( Mar. P.A.
<del> </del>	Firm/ Company
	Constant August Court St. Co.
-	SU33 W. LAUREL STREET, SVITE 100 Address
	Address
	Throng FLA 33667 City/ State and Zip Code
	City/ State and Zip Code
E-mail a	MCC P Councion Librai_ Com  Iddress: (to be used for future annual report notification)  nis matter, please call:
NICK LIGHTI	at ( \$13 ) \$9-6208  Area Code & Daytime Telephone Number
Name of Contact Pe	Son Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.7 Certif	Filing Fee & Status Status Status Certified Copy (Additional copy is enclosed)  S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	rations Division of Corporations Clifton Building

Tallahassee, FL 32301

•	Articles of Amendment	Pro.	
·	to Articles of Incorporation	FILE 2012 AUG 28 AM	Ü
_	of	ZVIZ AUG 28 AM	1.0
COVINGTON LIGOR.	1, P.A.	ALLENTY.	y: 27
(Name of Corporation as curre	ntly filed with the Florida Dept. o	(State) LAHASSEE	Flate
<u> </u>			<b>1</b> 16/
(Document Nun	nber of Corporation (if known)	···	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit	Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	the corporation:		•
name must be distinguishable and contain to	NT & CO., P.D.		_The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe	o," or "incorporated" or the essional corporation name must	abbreviation contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: TADDRESS)	N/B	<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	: CE BOX)	NO	_ ·
D. If amending the registered agent and/or new registered agent and/or the new regi		a, enter the name of the	
Name of New Registered Agent	MB		
	(Florida street address)	<u>,,,,</u>	
New Registered Office Address:	N)A	, Florida	
	(City)	(Zip Code)	<del>_</del>
New Registered Agent's Signature, if changi	ng Registered Agent:		
I hereby accept the appointment as registered a	agent. I am familiar with and accep	ot the obligations of the position.	
W	CM Bullet 10 1	- 2	
Signatu	re of New Registered Agent, if chang	ging .	

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 Do	<u>e</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		-		
Add	•			
Remove				
2) Change	pm. 1	_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				•
4) Change		<del></del>		
Add				
Remove				*
5) Change		:		
Add				
Remove				
6) Change	<del></del>	-		
Add				
Damaria				·

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
•

The date of each amendment(s) adoption:
Cffective date <u>if applicable</u> ; (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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
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.
Signature  (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)
(Typed or printed name of person signing)  (Title of person signing)