128388

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
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2009 MAR -3 AM 9: 03
SECRETARY OF STATE

Amend & N/c

TB 3/4/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Carl Carrillo, P.A.		0	
DOCUMENT NU	JMBER: <u>L28388</u>		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	·····	new Steven Carrillo	
	(Name	of Contact Person)	
		Carl Carrillo, P.A.	
	(Fi	rm/ Company)	
	10	06 NW 2nd Ave	
		(Address)	
	Gaiı	nesville, FL 32601	
- 11	(City/ S	tate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
Matthew Carrillo		at (352) 371400	0
(Nam	ne of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida Do	epartment 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center O	

Tallahassee, FL 32301



February 10, 2009

MATTHEW STEVEN CARRILLO CARL CARRILLO, P.A. 106 NW 2ND AVE GAINESVILLE, FL 32601

SUBJECT: CARL CARRILLO, P.A.

Ref. Number: L28388

We have received your document for CARL CARRILLO, P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P98000096990 - CARRILLO & CARRILLO, P.A.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 409A00004639

RECEIVED 2009 MAR -3 AM 8: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Articles of Amendment

Articles of Amendment to Articles of Incorporation of	TALLARATARY AM 9:
Carl Carrillo, P.A.	SEE OF STA
(Name of Corporation as currently filed with the Florida Dept. o	f State)
L28388 (Document Number of Corporation (if known)	· <i>O</i> _A

(Document Number of Con	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida following amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit	t Corporation adopts the
A. If amending name, enter the new name of the corpo	oration:	
The Law Firm of Carrillo & Carrillo, P.A.		
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must coassociation," or the abbreviation "P.A."	r Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)	
		· · · · · · · · · · · · · · · · · · ·
C Fatar navy mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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		·
D. If amending the registered agent and/or registered new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
		, Florida
	(City)	(Zip Code)
Name Description and Administration of the Control	* * .	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.		ept the obligations of the
Sionature o	f New Registered Agent if ch	anoino

• 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP/Trea	Matthew Carrillo	4014 NW 34th terrace	🖸 Add
_		Gainesville, FL 32605	☐ Remove
Treasur	Carl Carrillo	2821 NW 23rd terrace	Add
_		Gainesville, FL 32605	Remove
			Add
			Remove
	ding or adding additional Artic dditional sheets, if necessary).	(Be specific)	
provisi		ange, reclassification, or cancellation of dement if not contained in the amendm	

The date of each amendment	s) adoption: $\frac{2/2/09}{}$
Effective date if applicable:	(no more than 90 days after amendment file date)
•	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_2/2/09 Signature	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Carl Carrillo
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3

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