ND3DD005322

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	-		
(Cit	y/State/Zip/Phone	· •#)		
<u></u>	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
-				

Office Use Only



000266514630

11/24/14--01008--009 **35.00

SECRET PROPERTY OF THE 1-1-7

And nd
(12/3/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	M.5.D.	0. P.A. INC.	
DOCUMENT NUMBER:	N03000	00 5322	
The enclosed Articles of Amendmen	and fee are subm	itted for filing.	
Please return all correspondence con	cerning this matter	to the following:	
EILEEA	1 GLASSH	ofER	
		(Name of Contact Perso	on)
M.5	.D.O.P.A		
		(Firm/ Company)	
7853 NV	161 TERR	(Address)	
		(Address)	
PARKLA	JD, FL 33	0 67 (City/ State and Zip Co	
		(City/ State and Zip Co-	de)
_	alore to lex	council con	Λ
E-mail address: (to be used for fature annual report notification)			
Tou Posth and formation comments a	hia mattur alaga.	anti.	
For further information concerning t	nis matter, piease	can:	
EILEEN GLASOHO) FER	21 501	716-6570
(Name of Contact Pe	erson)	(Area (716 - 6570 Code & Daytime Telephone Number)
Enclosed is a check for the following	g amount made pa	yable to the Florida De	partment of state:
☑ \$35 Filing Fee □\$43 Cer	3.75 Filing Fee & nificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Stree	et Address
Amendment Secti	on	Amei	ndment Section
Division of Corpo	orations		ion of Corporations
P.O. Box 6327 Tallahassee, FL 3	2314		on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



M.S. D.O. P	A. INC.
(Name of Corporation as currently filed with the	e Florida Dept. of State)
N03000005	5322
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:
N/A	The nev
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	The new poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRI	ESS) N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5901 PINE ISLAND RD.
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PARKLAND, FL 33076
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Fluido
	(City) , Florida(Zip Code)
	Annual America
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.

Page 1 of 4

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 Doc, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PAUL GOSS	9658 N. SPRINGS WAY
Add			CORAL SPRINGS, FL 33076
× Remove			
2) Change		DIANE SCALLA	5054 KENSINGTON CIRCLE
Add			CORAL SPRINGS, FL 33076
Remove			
3) Change	<u>T</u>	EILEEN GLASSHOFER	7853 NW 61 TERRALE
Add			PARKLAND, FL 33067
Remove			
4) Change	_5	JODY CAMPANELLA	10133 NW 66th DR.
Add			PARKIAND, FL 33076
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if nece	ssary). (Be specif	ìc)		
	N/F	4		
		<u> </u>		
				· · · · · · · · · · · · · · · · · · ·
				•
, , , , , , , , , , , , , , , , , , , ,				
	4/10-2-7-			
· · · · · · · · · · · · · · · · · · ·				
<u> </u>				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
				
		-		

·				
			-	
		······································		

	date of each amendment(s) adoption:	, if other than the
Effe	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
)ZI	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 11/20/14	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an <u>(neorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)</u>	
	EILEEN GLASSHOFER	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	