

P0000000013385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

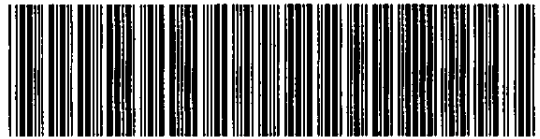
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/11/09--01014--019 \*\*35.00

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FILED

09 DEC 29 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Robert DEC 29 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2009

ADRIENNE ARON  
ADRIENNE ARON REALTY, INC.  
3610 YACHT CLUB DR #513  
AVENTURA, FL 33180

SUBJECT: ADRIENNE ARON REALTY, INC.  
Ref. Number: P00000013385

We have received your document for ADRIENNE ARON REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 809A00038013

RECEIVED  
2009 DEC 29 AM 8:00  
TALLAHASSEE  
FLORIDA DEPARTMENT OF STATE



# Gerstle, Rosen & Goldenberg, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

Brian K. Goldenberg, Partner

## INSTRUCTIONS FOR FILING

### ATTACHED TAX RETURN

TO: ADRIENNE ARON, PA  
=====

FORM: # \_\_\_\_\_ RETURN PERIOD: \_\_\_\_\_

DUE DATE: On or before A.S.A.P.

TAX DUE: \$ 35.00 (PAYABLE TO FLORIDA DEPT. OF STATE)  
(INDICATE SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER ON CHECK)

OVERPAYMENT: The return shows an overpayment of  
\$ \_\_\_\_\_. We have indicated on the  
return that such amount:

\_\_\_\_\_ Will be applied against your estimated tax for  
\_\_\_\_\_ (year)

\_\_\_\_\_ Is to be refunded to you

SIGNATURE: The original must be signed and dated at the  
bottom of page 3 where indicated  
by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Taxpayer  
Taxpayer and Spouse  
Officer, Owner or Partner

Other: \_\_\_\_\_

### MAILING INSTRUCTIONS:

The signed return, and remittance if any,  
should be mailed to:

AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

OTHER: Envelope provided. Copy of return enclosed for  
your records.

2630 Center  
2630 NE 203rd Street  
Suite 104  
Aventura, Florida 33180  
Phone 305 937 0116  
Fax 305 937 0128  
Fax 305 937 0337

The Porticos  
3835 N.W. Boca Raton Blvd  
Suite 100  
Boca Raton, Florida 33431  
Phone 561 447 4000  
Fax 561 447 4004

5100 Tamiami Trail North  
Suite 103  
Naples, Florida 34103  
Phone 239 262 1773  
Fax 239 263 0166

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ADRIENNE ARON REALTY, INC.

**DOCUMENT NUMBER:** P00000013385

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIENNE ARON

Name of Contact Person

ADRIENNE ARON REALTY, INC.

Firm/ Company

3610 YACHT CLUB DRIVE, #513

Address

AVENTURA, FL 33180

City/ State and Zip Code

ARONREALTY@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN GOLDENBERG

Name of Contact Person

at ( 305 ) 937-0116

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 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  
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

ADRIENNE ARON REALTY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000013385

(Document Number of Corporation (if known))

FILED  
09 DEC 29 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

ADRIENNE ARON, PA

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3610 Yacht Club Dr. #513  
Aventura, FL 33180

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3610 Yacht Club Dr. #  
Aventura, FL 33180

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Adrienne N/A

New Registered Office Address:

(Florida street address)

, Florida

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

Ad as a Real Estate Associate

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The date of each amendment(s) adoption: NOVEMBER 1, 2009

Effective date if applicable: NOVEMBER 1, 2009 (date of adoption is required)  
(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 \_\_\_\_\_."  
(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.

Dated NOVEMBER 1, 2009

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)

ADRIENNE ARON

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)