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SECRETARY OF STATE
ACLAHASSEE, FEORIOR

N.C. C.COULLIETTE

MAY 0 8 2009

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Law Offices of Rosie Loy-Rever, +
NAME OF CORPORATION: (aw ott vees of 1) Usie Coy-revec,
DOCUMENT NUMBER: \$\frac{1000014747}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Law Office of hosie Loy, P.A. (Firm/Company)
15175 Eagle Nest Lane, Suite 102
Miami Lakes, Florida 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
AOSIL LOY, ESq. at (305) 822-9736  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles	of	Incorporation
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(Document Num	14 14 1 nber of Corporation	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incor		es, this <i>Florida Profi</i>	it Corporation adopts the
A. If amending name, enter the new name of Office of The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	nd contain the "Inc.," or Co.,	word "corporation," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			REPRESENTALE
D. If amending the registered agent and/or r			nter the name of the
new registered agent and/or the new registered Agent:	stered office add	ress:	
New Registered Office Address:	(Floria	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ept the obligations of the
· <u> </u>	ignature of New I	Registered Agent, if ch	nanging

## 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)

.Title <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove \_\_\_\_\_\_ Add Remove \_\_\_\_\_ 🗖 Add ☐ Remove 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:
Effective date if applicable: 4-29-2009
(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 4-29-2009
Signature Sur Frances
(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)
appointed indictary by that indictary)
Koxia lov Fsa
(Typed or printed name of person signing)
$\gamma$ . (
<u>Uirector</u>
(Title of person signing)