P03000055361

· (Req	uestor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	VA COLOM, P.A.	
DOCUMENT NUMBER: Po300005:	5361	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	FERNANDES	
MARIANA (Fire	FERNANDES P.A. n/ Company)	
712 GENT	Address)	
GOTHA F (City/ State) For further information concerning this matter, p	1. 34734 - 4723 ate and Zip Code)	· ,
MARIANA FERNANDES (Name of Contact Person)	at (<u>407</u>) <u>758 - 3</u> (Area Code & Daytime T	790 elephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \$	\$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 Circ Tallahassee, FL 32301	ele



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2007

MARIANA FERNANDES MARIANA FERNANDES P.A. 712 GENRTY CT GOTHA, FL 34734-4723

SUBJECT: MARIANA COLOM, P.A.

Ref. Number: P03000055361

We have received your document for MARIANA COLOM, 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):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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 Document Specialist

Letter Number: 807A00024177

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Articles of Amendment to Articles of Incorporation of

FILED 07 APR 27 PM 12: 21, SECRETARY OF STATE TALLAHASSEE. FLORIDA

	MARIANA	corom.	P. A.	rida Dept. of State)	TORIUA
	(Name of corporati	on as currently	filed with the Flor	rida Dept. of State)	
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	<u>f</u>	0300005	5361 f corporation (if k		
	(Docu	ment number o	corporation (ii ki	nown)	
	rovisions of section 6 ving amendment(s) to				Corporation
NEW CORPOR	RATE NAME (if cha	nging):			
	MARIANA	FERNA	NDES P.	Α	
Must contain the wo A professional corp	MARIANA ord "corporation," "comporation must contain the	any," or "incorp word "chartere	oorated" or the abl d", "professional a	breviation "Corp.," "In association," or the abb	c.," or "Co.") reviation "P.A.")
	S ADOPTED- (OTH tle(s) being amended				cle Number(s)
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 	(A	ttach additiona	pages if necessar	y)	
	provides for exchang the amendment if no				
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(continued)

The date of each amendment(s) adoption: 04-02-2007
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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) MANIA A FERNANES ph # (B21)217-6588 (Typed or printed name of person signing)
PRECIDENT

FILING FEE: \$35

(Title of person signing)