## P03000075026

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Nam	e)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				
-				

Office Use Only



700273052037

05/26/15--01008--011 \*\*35.00

Marie Change ? aneua



MAY 28 2015 A RAMSEY

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **2** \$35 Filing Fee □\$43.75 Filing Fee & 43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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	FILED	
	of	0 444 0C PM 3:58	
N	licale Chillemi	20541AY 26 PH 3: 58	
	orporation as currently filed with the F	lorida Dent. of State) BRIDA	
· · · · · · · · · · · · · · · · · · ·	9030000 75026	TALLAMASSILLA	
	(Document Number of Corporation (if k	nown)	
ursuant to the provisions of section 607.1006 Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Col</i>	rporation adopts the following amenda	nent(
. If amending name, enter the new name of	of the corporation:		
	Chillemi Karuzas	r PA The ne	
ime must be distinguishable and contain i Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	n "Corp," "Inc," or "Co". A professio	or "incorporated" or the abbreviation corporation name must contain th	on he
. Enter new principal office address, if ap	plicable:		
rincipal office address <u>MUST BE A STREI</u>	ET ADDRESS )		-
	<del>- 111</del>	<del>}</del>	-
			-
Enter new mailing address, if applicable	<u>e:</u>		
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)	<del>"</del>	-
	1	<b>X</b>	
	121	<b> </b>	
			-
If amending the registered agent and/or new registered agent and/or the new reg		ter the name of the	
		4.1345	
Name of New Registered Agent	Nicole Chillemi Kai	( U Ca J	
	NA		
·	(Florida street address)		
New Registered Office Address:	NIA	, Florida <b>N)A</b>	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changi hereby accept the appointment as registered		obligations of the position	
ereo, accept the appointment as registered to	agerii. 1 ain jainmai with and accept the	ornganons of the position.	
	,		

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

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	P	Niule	Chillemi Karuzus	-
Add				- N/K
Remove				
2) Change			····	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
-	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
(voing 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.	
Dated5 21 15	
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)	_
(Typed or printed name of person signing)	
Citle of person signing)	

. . .