

POB 000100515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

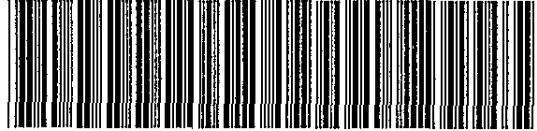
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called Mr. PANA for auth.
to correct punctuation in
old corp name. OK - 11/16/04

Office Use Only



600042432126

11/03/04--01033--005 **35.00

FILED
04 NOV -9 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND 4, NC
CRG
11/16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JLP PROFESSIONAL SERVICES, INC.

DOCUMENT NUMBER: P03000100515

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

Please return all correspondence concerning this matter to the following:

JAMES L. PAIVA
(Name of Contact Person)

(Firm/ Company)

(Address)

901 BUNKER VIEW DR. APOLO BEACH, FL. 33572
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JAMES L. PAIVA at (813) 748-3088
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 NOV -9 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S.L.P. PROFESSIONAL SERVICES

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

PO3000100515

(Document number of corporation (if known))

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

NEW CORPORATE NAME (if changing):

SLP PROFESSIONAL SERVICES, P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

REAL ESTATE SALES IS THE PURPOSE
OF THIS BUSINESS.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: NOVEMBER 1, 2004

Effective date if applicable: NOVEMBER 1, 2004
(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):*

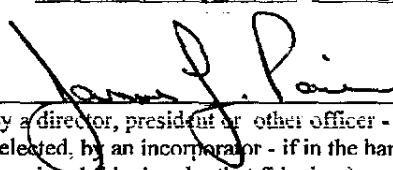
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ 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.

Signed this 1 day of NOVEMBER, 2004.

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)

JAMES L. PAIVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35