## P030000548

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R. WHITE



July 25, 2013

JULIE B. OJALVO

20822 W. DIXIE HWY MIAMI, FL 33180

SUBJECT: JULIA B. OJALVO, L.C.S.W., P.A.

Ref. Number: P03000105648

We have received your document for JULIA B. OJALVO, L.C.S.W., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 413A00018073





July 25, 2013

JULIE B. OJALVO

20822 W. DIXIE HWY MIAMI, FL 33180

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Rebekah White Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Amendment Section TO: **Division of Corporations** JULIA B. OJALVO, L.C.S.W., P.A. DOCUMENT NUMBER: P03000105648 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julie B. Ojalvo Name of Contact Person Julie B. Ojalvo 20822 W. Dixie Highway 33180 Miami, FI City/State and Zip Code julieojalvo@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Ojalvo Name of Contact Person Enclosed is a check for the following amount: □ \$43.75 Filing Fee & Certificate of Status **□** \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & Certified Copy ■ \$43.75 Filing Fee & Certified Copy **Mailing Address: Street Address: Amendment Section** Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment

Articles of Incorporation

FILED

	Articles of Inc	corporation	14.3
		JALVO, L.	WEDDING A SOL
(Name of Corporation as c	urrently filed with the F	lorida Dept. of State)	THE STATE OF STATES
(Name of Corporation as c		P. 03000 lo	5648 HOSEMEORICA
(Document	Number of Corporation (i	if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment
A. If amending name, enter the new nan	ie of the corporation:		
name must be distinguishable and conta		JALVO, L	C.S.W., P.A. The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "	Co". A professional o	ncorporated or the abbreviation corporation name must contain the
B. Enter new principal office address, if (Principal office address MUST BE A ST	applicable: REET ADDRESS )	SMME	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.)	i <u>ble:</u> FFICE BOX)	SKME	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	or registered office add registered office address	ress in Florida, enter t s:	he name of the W/A
-	(Florida sti	reet address)	
New Registered Office Address:		ſ	lorida
Hen Registered Office Address.	(Ciņ·)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register			igations of the position.

Signature of New Registered Agent, if changing

Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or D if necess rector title residem - Chief I r, Directo in the fo ves the c	Nirector besary)  Ite by the fit; T= Trea  Financial  or would be  Ilowing m  orporation	eing added:  It is the letter of the office title: Insurer; S= Secretary; D= Director; TR= True Officer. If an officer/director holds more the OPTD. Insurer: Currently John Doe is listed as the PS OPTICE OF THE SENTE OF THE OPTICE OPTICE OF THE OPTICE OF THE OPTICE OF THE OPTICE OF THE OPTICE OPTICE OF THE OPTICE	ST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>.</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	<del> </del>	_		
Add				
Remove				
2) Change		_		
Add				
Remove				-
3) Change		<del></del>		
Add				
Remove				
4) Change				
Add	•	_		
Remove				
5) Change	-	_		
Add				
Remove				
6) Change				
Add				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

\_\_\_\_ Remove

amending or	adding additions	ıl Articles, enter	r change(s) her	e N/A		
ttach <i>addition</i>	al sheets, if necess	iary). (Be spec	rific)	τ.		
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l an amendme provisions for	nt provides for a implementing th	<u>n exchange, rec</u> e amendment if	inssification, or not contained	<u>cancellation of the cancellation of the cance</u>	ssued snares, t itself:	$\mathcal{N}$
(if not app	olicable, indicate N	√/A)				ŀ
		W-1W-12-			· · · · · · · · · · · · · · · · · · ·	

AS/A	
The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amend	dment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes oby the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	ction and shareholder
Signature  (By a director, president or other officer of directors or	PRESident
selected, by an incorporator — if in the hands of a receive appointed fiduciary by that fiduciary)	
TULIE B. O. (Typed or printed name of pe	
PResiden	
(Title of person signi	ng)