

P040000075964

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*Ames/RZ*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -3 AM 11:07

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Karen M. Jordan, P.A.

**DOCUMENT NUMBER:** P04000075964

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

Please return all correspondence concerning this matter to the following:

Karen M. Waldrop  
Name of Contact Person

Karen M. Jordan, P.A.  
Firm/ Company

1402 NE 26<sup>th</sup> Street  
Address

Wilton Manors, FL 33305  
City/ State and Zip Code

ktowry@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen M. Waldrop at (954) 599-4185  
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:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Karen M. Jordan, P.A.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P04000075964

(Document Number of Corporation (if known))

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DIVISION OF CORPORATIONS  
JUN -3 AM 11:07

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

**A. If amending name, enter the new name of the corporation:**

Karen M. Waldrop, P.A. The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSD	Karen M. Jordan		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PSD	Karen M. Waldrop		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: 6/01/09

Effective date if applicable: 6/01/09  
(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 6/01/09

Signature Karen M. Jordan  
(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)

Karen M. Jordan  
(Typed or printed name of person signing)

President  
(Title of person signing)

# Official Record

Department of Health • Vital Statistics

## STATE OF FLORIDA MARRIAGE RECORD TYPE IN UPPER CASE USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Date: MAR 04 2009

Rec#: 86819

(STATE FILE NUMBER)



STATE OF FLORIDA, COUNTY OF DADE  
I HEREBY CERTIFY that the foregoing is a true and correct copy of the  
Original on file in the office of  
HARVEY RIVLIN, Clerk of Circuit and County Courts  
Deputy Clerk [Signature]



2009-003379

APPLICATION NUMBER

### APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MICHAEL FRANKLIN WALDROP			2. DATE OF BIRTH (Month, Day, Year) SEP-05-1969		
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		3b. COUNTY MIAMI-DADE		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) KAREN MARIE JORDAN			5b. MAIDEN SURNAME (if different) TOWRY		
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH		7b. COUNTY MIAMI-DADE		7c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) VIRGINIA			6. DATE OF BIRTH (Month, Day, Year) APR-16-1976		
8. BIRTHPLACE (State or Foreign Country) FLORIDA					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO  
LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZER THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

	9. SIGNATURE OF GROOM (Sign full name using black ink) <u>[Signature]</u>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB-23-2009	
	11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	
	13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>[Signature]</u>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) FEB-23-2009	
	15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <u>[Signature]</u>	

### LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE  
STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE  
EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE		18a. DATE LICENSE ISSUED FEB-23-2009		18b. DATE LICENSE EFFECTIVE FEB-26-2009	
19. EXPIRATION DATE APR-23-2009		20. SIGNATURE OF COURT CLERK OR JUDGE <u>[Signature]</u>		20b. TITLE CLERK	
20c. BY D.C. <u>[Signature]</u>					

### CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF  
FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) <u>02/27/09</u>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <u>KEY WEST FL</u>	
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) <u>[Signature]</u>		23c. ADDRESS (of person performing ceremony) <u>PO BOX 4441 KEY WEST FL 33241</u>	
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary seal)  <b>RAYMOND J PACK</b> MY COMMISSION # DD732207 EXPIRES November 06, 2011 (407) 368-0153 FloridaNotaryServices.com		24. SIGNATURE OF WITNESS TO CEREMONY <u>[Signature]</u>	
		25. SIGNATURE OF WITNESS TO CEREMONY <u>[Signature]</u>	

SEAL

### INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 458-69-6790	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, 29c		
				29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	29c. DATE LAST MARRIAGE ENDED NOV-18-2008
BRIDE	30. SOCIAL SECURITY NUMBER 505-24-1620	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, 33c		
				33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	33c. DATE LAST MARRIAGE ENDED NOV-06-2006