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Anene V N.C. C.COULLIETTE APR 11 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Law	Firm Sosa & Associates	, PA
DOCUMENT NUMBER: PO5000	047213	
The enclosed Articles of Amendment and fee are sub	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Mehssa Son Name o	Contact Person	
Sosa Lau Fin	Defice, PA	
952 W. F	Brandon Buel Address	
Byandor City/Sta	nte and Zip Code	
E-mail address: (to be used for fi	Jawo (f. ce PA uture annual report notification) /	0
For further information concerning this matter, pleas	e call:	
Mellissa Susa Name of Contact Person	at (873) 917-2486 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	losed)
Mailing Address	Street Address	
	Amendment Section	
	Division of Corporations	
	Clifton Building	
19119B96688 HI 4741/I	ADDI HVACIIIVA (ADIAT (ITCIA	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

The Law Firm Sosa & Associates, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> 105000047213</u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
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) Brandon, FC
<u>Brandon, 7</u> 2 33511
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 952 W. Byordon 7100
335711
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
Page 1 of 3

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) **Title** Name Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s)		
Effective date <u>if applicable</u> :	(date of adoption is required) O more than 90 days after amendment file date)	·
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s)	
"The number of votes car	for the amendment(s) was/were sufficient for approval	
by	,,	
(v	ting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shar	reholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sharehol	der
	irector, president or other officer – if directors or officers have not b l, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	
	Melizsa Susa	
	(Typed or printed name of person signing)	
	Bresident	
-	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Law Firm Sosa & Associates, PA
DOCUMENT NUMBER: 10500047213
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mchosa Sosa Name of Contact Person
Sosa Law Office, PA
952 W. Brandon Bluel Address
City/ State and Zip Code
Mensica socal and fice PA E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meths son Susca at (S13) 917-2486 Name of Contact Person Area Code & Daytime Telephone Number
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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee

Mailing Address

□ \$35 Filing Fee

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

■\$43.75 Filing Fee &

Certificate of Status

Street Address

☐ \$43.75 Filing Fee &

Certified Copy

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional copy is enclosed)

Certificate of Status

(Additional Copy is enclosed)

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