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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _	Famell & Associates	DC PA
DOCUMENT NUMBER:	P0 50000 49 509	

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

Please return all correspondence concerning this matter to the following:

Theresa Trojani
Name of Contact Person
Farrell + Associates DC PA
Firm/ Company
10205 Wilsky Blud
Address
Tampa FL 33625
City/ State and Zip Code
 Ortfamell @ aol. com
E-mail address' (to be used for future annual report notification)

For further information concerning this matter, please call:

777 667-6291 Area Code & Davtime Telephone Number Name of Contact Person 919 at (

Enclosed is a check for the following amount made payable to the Florida Department of State:

🕅 \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$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

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

Street Address

Articles of Amendment
to Articles of Incorporation of
Farrell & Associates DC PA
(Name of Corporation as corrently filed with the Florida Dept. of State) $D \wedge F (\gamma \gamma $
(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:
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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)
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 Theresa Troiani
16114 Dirki Lane
(Florida street address) <u>New Registered Office Address</u> :
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Page 1 of 4

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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)

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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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>		Address
1) <u> </u>	P	Theresa Troiani	16114 Dirki Lane
Add			<u>Odessa FL</u> 3355(
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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) adoption:	8/27/2018	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	tot meet the applicable statutory filing requirements, this date will "State's records.	not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by		
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated SIFT	2018 Ja Joiani	_
	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court or by that fiduciary)	
	Deresa TOIQNI (Typed or printed name of person signing)	·
	Periodent	
	(Title of person signing)	<u> </u>

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