

PD500093873

(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:

Office Use Only



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06 AUG 10 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 1/one
OK

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: D Linton Referral Associates, Inc.

DOCUMENT NUMBER: P05000093873

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

Please return all correspondence concerning this matter to the following:

Peter Previti

(Name of Contact Person)

Peter Previti, Esquire

(Firm/ Company)

5825 Sunset Drive, Suite 210

(Address)

South Miami, Florida 33143

(City/ State and Zip Code)

For further information concerning this matter, please call:

Peter Previti

(Name of Contact Person)

at (305) 662-9504

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Street Address

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

**PETER PREVITI, ESQ.
NELSON TARACIDO, ESQ.**

A PROFESSIONAL ASSOCIATION OF ATTORNEYS
SUNSET BUSINESS PLAZA
3825 SUNSET DRIVE - SUITE 210
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 662-9504

FACSIMILE (305) 662-6967

July 25, 2006

Christy Elshite
D. Linton & Associates Realty ✓
14540 SW 136 Street, Suite 100
Miami, Florida 33186

VIA FACSIMILE
305-234-1252

Re: Name Change for D Linton

Dear Christy:

Enclosed please find the documents requested in order to change the name of Dawn's company. Kindly have Dawn sign on the last page where it is requesting her signature. Once this is done, please forward these documents to the Amendment Section, Division of Corporations, PO Box 6327, Tallahassee, Florida 32314. Please be sure to include a check for \$35.00 made payable to The Florida Department of State.

Sincerely,

Natalia Hernandez
Secretary to Peter Previti

PP/nh

enc.

FILED
06 AUG 10 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(State)

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(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.")

[illegible]

(continued)

The date of each amendment(s) adoption: July 25, 2006

Effective date if applicable: July 25, 2006
(no more than 90 days after amendment file date)

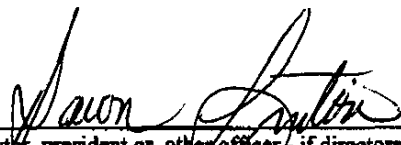
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

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)

Dawn Linton

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35