## 105000094137

| (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



700244519197

02/15/13--01013--023 \*\*35.00

Amon / M

LAHASSEE

NAY OF STATE

FEB 1 8 2013 T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                      | RATION: Herron Jac                          | obs Ortiz, P.A.  |  |
|------------------------------------|---|--|--|
| DOCUMENT NUM                       | D0500000412                                 |  |  |
| The enclosed Articles              | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corre            | spondence concerning this ma                | tter to the following:   |  |
|                                    | Andrew Herron                               |  |  |
|                                    |   | Name of Contact Person   | n  |
|                                    | Herron Ortiz, P.A                           |  |  |
|                                    | <del>-</del> -                              | Firm/ Company  | _  |
|                                    | 1401 Brickell Ave., Suite 840               |  |  |
|                                    |   | Address  |  |
|                                    | Miami, FL 33131                             |  |  |
|                                    | -   | City/ State and Zip Cod  | e  |
| ahe                                | erron@hjo-law.coi                           | m  |  |
| <u> </u>                           |   | sed for future annual report                                       | notification)  |
|                                    | E-man address, (to be us                    | sed for future annual report                                       | nonneadon)   |
| For further information            | n concerning this matter, pleas             | se call:   |  |
| Andrew Herron                      |   | at (305  | , 779-8106   |
| Name of Contact Person             |   |  | de & Daytime Telephone Number  |
| Enclosed is a check fo             | r the following amount made                 | payable to the Florida Depa  | artment 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 |   |  | Address  |
| Division of Corporations           |   | Amendment Section Division of Corporations                         |  |
| P.O. Box 6327                      |   | Clifton Building   |  |
| Tallahassee Fl 32314               |   | 2661 Executive Center Circle                                       |  |

Tallahassee, FL 32301

Herron Jacobs Ortiz, P.A.

Articles of Amendment
to
Articles of Incorporation
of

Jacobs Ortiz, P.A.

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

Articles of Amendment
TILED

13 FEB 15 PM 3: 27

SECRETARY OF STATE
FLORIDA P05000094137

nt(s) to

| F03000034137   | - COMPA   |
|--|---|
| (Document Number of Co   | rporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:                          | atutes, this Florida Profit Corporation adopts the following amendm   |
| A. If amending name, enter the new name of the corr  | eration:  |
| Herron Ortiz, P.A.   | The nev   |
|  | corporation," "company," or "incorporated" or the abbreviation<br>Inc," or "Co". A professional corporation name must contain the<br>reviation "P.A." |
| B. Enter new principal office address, if applicable:  | n/a   |
| (Principal office address MUST BE A STREET ADDR  | (22)  |
|  | <u></u>   |
|  |   |
| C. Enter new mailing address, if applicable:   | 2/2   |
| (Mailing address MAY BE A POST OFFICE BOX)   | <u>n/a</u>  |
|  |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered  |   |
| new registered agent and/or the new registered of  | ce address:   |
| Name of New Registered Agent n/a   |   |
|  |   |
|  | (Florida street address)  |
| New Registered Office Address: n/a   | , Florida   |
|  | (City) (Zip Code)   |
|  |   |
| N. D. L. I.A. (1.6)  |   |
| New Registered Agent's Signature, if changing Regist<br>I hereby accept the appointment as registered agent. I a | red Agent:<br>n familiar with and accept the obligations of the position.   |
|  | J J J J France.   |
| Signature of New   | egistered Agent, if changing  |
| Organism C Of 11011  | THE COLUMN THE COMMITTEE OF MEDICAL PROPERTY.   |

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)

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.

| X Change                   | PT John I    | <u>Doe</u>    |                    |
|----------------------------|--------------|---------------|--------------------|
| X Remove                   | V Mike       | <u>Jones</u>  |                    |
| X Add                      | SV Sally     | <u>Smith</u>  |                    |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>   | <u>Addres</u> s    |
| 1) X Change                | PD           | Jose Ortiz    | 1401 Brickell Ave. |
| Add                        |              |               | Suite 840          |
| Remove                     |              |               | Miami, FL 33131    |
| 2) X Change                | VSTD         | Andrew Herron | 1401 Brickell Ave. |
| Add                        |              |               | Suite 840          |
| Remove                     |              |               | Miami, FL 33131    |
| 3) Change                  | PD           | Kevin Jacobs  |                    |
| Add                        |              |               | 10 10              |
| X Remove                   |              |               |                    |
| 4) Change                  |              |               |                    |
| Add                        |              |               |                    |
| Remove                     |              |               |                    |
| 5) Change                  |              |               |                    |
| Add                        |              |               |                    |
| Remove                     |              |               | <del></del>        |
| 6) Change                  |              |               |                    |
| Add                        |              |               |                    |
| Remove                     |              |               |                    |
| INCIDIONE                  |              |               |                    |

| (Attach additional sheets, if necessary).                                 | icles, enter change(s) here: (Be specific)                |
|---|---|
| la .  |   |
| <u> </u>  |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | · ·   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| If an amendment provides for an exch                                      | ange, reclassification, or cancellation of issued shares, |
|   |   |
| provisions for implementing the amer                                      | nament it not contained in the amenament itself:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itself:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itself:          |
| (if not applicable, indicate N/A)   | ndment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | ndment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |
| grovisions for implementing the amer<br>(if not applicable, indicate N/A) | idment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itself:          |
| (if not applicable, indicate N/A)   | idment it not contained in the amendment itseit:          |

| The date of each amendment(                            | s) adoption: $2-7-12$   |
|--|---|
| Effective date if applicable:                          | 1/1/2012  |
| <u></u> -  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                               | (CHECK ONE)   |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
|  | e approved by the shareholders through voting groups. The following statement d 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)  |
|  | (voting group)  |
| action was not required.  The amendment(s) was/were    | e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder  |
| action was not required.                               | 0.0040  |
| Dated Hebi   | ruary 8, 2012   |
| (b)<br>selo  | ruary 8, 2012  Multiple A. Armonia of a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | Andrew Herron   |
|  | (Typed or printed name of person signing)   |
|  | Vice-President, Secretary and Treasurer   |
|  | (Title of person signing)   |