

PD5000137137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

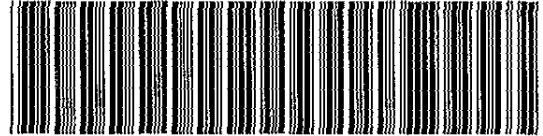
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W06-2051



500064482165

02/08/06--01003--022 **52.50

FILED
06 FEB -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC Amend
sf



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

Matt Bales
Bales & Bales, P.A.
4000 Ponce de Leon, Suite 470
Coral Gables, FL 33134

SUBJECT: LABROZZI CONSULTANTS, P.A.
Ref. Number: P05000137137

We have received your document for LABROZZI CONSULTANTS, P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 206A00003165

RECEIVED
06 FEB - 6 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED

06 JAN 13 AM 8:00

DIVISION OF CORPORATIONS

NAME OF CORPORATION: Labrozzi Consultants, P.A.

DOCUMENT NUMBER: P05000137137

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

Please return all correspondence concerning this matter to the following:

Matt Bales

(Name of Contact Person)

Bales & Bales, P.A.

(Firm/ Company)

4000 Ponce de Leon, Suite 470

(Address)

Coral Gables, FL 33134

(City/ State and Zip Code)

For further information concerning this matter, please call:

Matt Bales

(Name of Contact Person)

at (305) 777-0411

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
06 FEB -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Labrozzi Consultants, P.A.

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

P05000137137

(Document number of corporation (if known))

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

NEW CORPORATE NAME (if changing):

Darnie Labrozzi, P.A.

(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.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

N/A

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: December 5, 2005

Effective date if applicable: _____
(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.

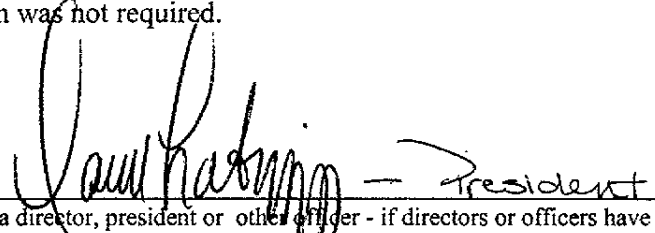
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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

 - President
(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)

DARIE LABROZZI
(Typed or printed name of person signing)

(Title of person signing)

FILING FEE: \$35