

P05000147867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

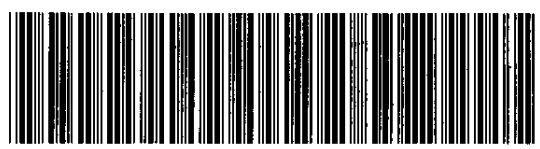
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

10/26/09--01044--022 **43.75

FILED
2009 NOV 17 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOOR
11/18/09

*00789 00524, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lymphatx, Inc.

DOCUMENT NUMBER: P05000147867

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

Please return all correspondence concerning this matter to the following:

Pamela Cohen

Name of Contact Person

Firm/ Company

1001 NW 13th Street-Suite 102

Address

Boca Raton, FL 33486

City/ State and Zip Code

boca.lymphatx@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Cohen

Name of Contact Person

at (561)

392-5131

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 &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2009

Pamela Cohen
1001 NW 13th Street
Suite 102
Boca Raton, FL 33486

SUBJECT: LYMPHATX, INC.
Ref. Number: P05000147867

11.13.09
- Bob

Thanks,
Patricia

We have received your document for LYMPHATX, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jacob Cohen is already listed as the secretary and director. Are you trying to remove him? The boxes on the right under "type of action" are both checked. Also please include the email address for the corporation when you resubmit the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 509A00034667

101111
2009 NOV 17 AM 8:00
TARYN
TASSEL

Articles of Amendment
to
Articles of Incorporation
of

Lymphatx, Inc.

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

P05000147867

(Document Number of Corporation (if known))

FILED
2009 NOV 17 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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)

(City)

(Zip Code)

, Florida

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S.D</u>	<u>Jacob Cohen</u>	<u>1001 N.W. 13th Street</u> <u>Boca Raton, FL 33486</u>	<input checked="" type="checkbox"/> <u>Remove</u>
			<input type="checkbox"/> <u>Add</u>
			<input type="checkbox"/> <u>Remove</u>
			<input type="checkbox"/> <u>Add</u>
			<input type="checkbox"/> <u>Remove</u>

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: 10-14-2009

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated: 10-14-2009

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)

Pamela Cohen

(Typed or printed name of person signing)

President

(Title of person signing)