## P05000161036

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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Amendment Section

Division of Corporati	ions		
NAME OF CORPORAT	TION: <u>Lynett</u> :: <u>POS</u>	LE Silon-LAC 000161036	guna, P.A.
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.	
Please return all correspor	idence concerning this mat	ter to the following:	
	KIVEKUI	Name of Contact Person  Silon - LAGU  Firm/ Company  Address  EW FL  City/ State and Zip Code  A OL. Code  ded for future annual report in	
For further information co	oncerning this matter, pleas	e call:	
r	•		le & Daytime Telephone Number
Enclosed is a check for th	ne following amount made j	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	X\$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)
	g Address		Address
	ment Section	•	ment Section
	n of Corporations		n of Corporations
	ox 6327 assee, FL 32314		Building xecutive Center Circle
r allalla	40000, I II JEJ 17	2001 1	

Tallahassee, FL 32301

## Articles of Amendment to

Articles 01 Incorporation of	
Lunette Silon-LAGUNA, P.A.	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
P05000161036	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
All FAMILY LAW STROUD, P.A.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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  Name of New Registered Agent	-6 AH 9: 2
(Florida street address)	
New Registered Office Address: N/A, Florida (City) (Zip Code)	_
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)

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		NA	
Add		·	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding (Attach additional sheet	additional Artic	cles, enter chang	e(s) here:		
NIA					
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	<u>_</u>				
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	<u></u>				
<ul> <li>If an amendment pro- provisions for imples</li> </ul>	vides for an exch	ange, reclassific	ation, or cancella	tion of issued share	<u>S,</u>
(if not applicable	indicate N/A)	<u>nument ii not co</u>	ntained in the un	enament resent.	
ni/A					
14/-		**************************************			
<del> </del>					

he date of each amendment(s) adoption:	august 3, 2012
ffective date <u>if applicable</u> :	/
	(no more than 90 days after amendment file date)
doption of Amendment(s) (CHF	CK ONE)
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) proval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	dment(s) was/were sufficient for approval
by	.,
(voti	ng group)
action was not required.	noard of directors without shareholder action and shareholder
Dated	3, 20/2 Vacun
(By a director, president	dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court
Lyr	Typed or printed name of person signing)
PRE	(Title of person signing)