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15 JUN 26 PH 1: 40

SECRETARY OF STATE

JUL 7 2015

**C LEWIS** 

## **COVER LETTER**

Division of Corporations Kavelle Vakili NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ravelle Valcilia Ravelle Vakili, Inc. Fern Cliff Avenue Tampa FL 33617
City/ State and Zip Code Ravelle @-tampabay. rr. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813) 758 - 3943 Area Code & Daytime Telephone Number Ravelle Vakili Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

## **Articles of Amendment**

to

FILED
SECRETARY OF STATE Articles of Incorporation of

Ravelle Vakili	DIVISION OF CORPORATIONS
(Name of Corporation as curren	tly filed with the Florida Dept. of State JUN 26 PM 1: 40
PALLOGO AND 3G	11
P06 0000039	of Corporation (if known)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ravelle, Vakili, P	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	/
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	. 11 %.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
	<u>~ 1                                   </u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	N/A , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	***
I hereby accept the appointment as registered agent. I am familian	unition with and accept the obligations of the position.
	A
Ciarator - Chi	Registered Agent, if changing
Signature of New	negisierea Ageni, ij 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	<u>PT</u>	John Do	<u>be</u>		MA
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	Title		Name	Address	
1) Change					
Add					
Remove				~	
2) Change		_			
Add					
Remove					
3) Change		<del></del>		<del>.,</del>	
Add					····
Remove					
4) Change					· . ·
Add					
Remove				<del></del>	
5) Change		_			
Add					
Remove					
6) Change					
Add		<del></del>			
Remove					

E. If amending (Attach additi	or adding adding she				<u>e</u> :			
	am	in a	ctive	real	estat	e sales	asso	iate
						ation ( Ravelle 1		
There	e are	೧೦	furth	er C	nanges	request	ed.	
						Rauell	e Vas	lili
								<del></del>
	····-						·	· <del>·····</del>
provisions f		ing the ame			cancellation on the amendm	f issued shares, ent itself:		
						,		
		·····						

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date if applicable:	hve duudiately - June more than 90 days after amendment file date)	<u>25,20</u> 15
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approx	holders. The number of votes cast for the amendment(s) val.	
	eholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting gi		
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated June 22, 2	1015 Valvili	NOC St.
	or other officer - if directors or officers have not been ator - if in the hands of a receiver, trustee, or other court nat fiduciary)	ELLED TARY OF S OF CORPO
	velle Vakili	AA IO
(Туре	d or printed name of person signing)	<del>)</del>
	President (PVST)	
	(Title of person signing)	