

PO6000034480

(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



200078149552

08/22/06--01013--001 \*\*10.00

08/01/06--01004--010 \*\*25.00

FILED  
06 AUG 21 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend & M.C.*

C. Coulllette AUG 21 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MUNOZ ARELIS, PA  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARELIS MUNOZ  
(Name of Person)

ARELIS MUNOZ PA  
(Firm/Company)

1631 NW 144 TH WAY  
(Address)

Pembroke Pines FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARELIS MUNOZ at (954) 554 8961  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2006

ARELIS MUNOZ  
1631 NW 144TH WAY  
PEMBROKE PINES, FL 33028

SUBJECT: MUNOZ ARELIS , PA  
Ref. Number: P06000034480

We have received your document for MUNOZ ARELIS , PA and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you are wishing to file an amendment, you have used the wrong form for a Florida profit corporation. The form you submitted was for a Limited Liability Company. Your corporate name is already Munos Arelis, PA so you don not need to change the name. You are also showing as the current registered agent for the corporation so, I am not sure if you are trying to change anything else, if you are you will need to file an amendment.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 106A00049716

RECEIVED

06 AUG 21 AM 8:00

DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

MUNOX ARELIS, PA

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

P06000034480

(Document number of corporation (if known))

FILED  
06 AUG 21 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

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):**

ARELIS MUNOX PA

(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)**

REGISTERED AGENT : ARELIS MUNOX, 1631 NW 144<sup>th</sup> Way  
Pembroke Pines, FL 33028

Officer/Director : ARELIS MUNOX.

Please Delete D in my name, at the end.

(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)

(continued)

The date of each amendment(s) adoption: 07/28/2006

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.

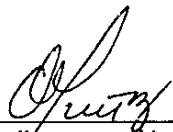
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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



(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)

AREUS HUNOK

(Typed or printed name of person signing)

Director/Officer

(Title of person signing)

**FILING FEE: \$35**