# P060000085589

<b>d</b> •-∆,		
(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	e #) ``
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	]
,		

Office Use Only



800179906098

05/17/10 -01048 -011 \*\*43.75



Amend C.COULLIETTE

MAY 2 5 2010

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	AAA HOUSE DOCTO	R INC.
 DOCUMENT NU	MBER:	P0600008558	39
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		SEORGE KALIL III	
		Name of Contact Person	
	AAA H	HOUSE DOCTOR INC.	
		Firm/ Company	
		1767 SW 132 PL.	
		Address	
		MIAMI, FL 33186	
	C	City/ State and Zip Code	
	AAAHOUSEDC	OCTOR@HOTMAIL.COM	1)
	<b>(</b>		,
For further informa	ation concerning this matter,	please call:	
GE	ORGE KALIL III	at ( 305 )	383-2835
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad	ldress	Street Address	
Amendmen	t Section	Amendment Section	
	Corporations	Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahaccee	F1 32314	2661 Evacutiva Center Ci	irola

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2010

GEORGE KALIL III AAA HOUSE DOCTOR INC. 11767 SW 132 PL MIAMI, FL 33186

SUBJECT: AAA HOUSE DOCTOR INC.

Ref. Number: P06000085589

We have received your document for AAA HOUSE DOCTOR INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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 Regulatory Specialist II

Letter Number: 410A00012679

ZBID HAY 25 AM 8: 00

### **Articles of Amendment** to Articles of Incorporation of

AAA HOUSE DOCTOR INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P06000085589	
(Document Number of Corneration (if known)	

P	06000085589	)		
(Document N	lumber of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		ites, this <i>Florid</i>	a Profit Corporation a	dopts the following
A. If amending name, enter the new name	e of the corporation	<u>on:</u>		
	N/A			The new
name must be distinguishable and contai abbreviation "Corp" "Inc.," or Co.," or name must contain the word "chartered," " <sub>I</sub>	the designation "C	Corp," "Inc," or	r "Co". A professiona	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		N/A		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A		SECRETARY OF THE SECOND
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the ne	egistered office ad	e address in Flo		
Name of New Registered Agent:	N/A		<del></del>	
New Registered Office Address;	(Flor	rida street addre	258)	
	(City		, Florida (Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered	Agent:	,	the position.
-	Signature of Nev	v Registered Ag	ent, 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>	Type of Action
N/A		П п	
ARTICLE SECTION	additional sheets, if necessar VII: "CERTIFICATE F	OR SHARES AND THEIR TRANS	
<del> </del>			
provis (if	ions for implementing the not applicable, indicate N/A	n exchange, reclassification, or cancella amendment if not contained in the ame ) DES THE AMENDMENT ADOPTE	endment itself:
		MENT FAILED TO REFLECT THE	
		SECRETARY'S SHARES TO THE	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: AUGUST 1, 2009
Effective date <u>if applicable</u> :	AUGUST 1, 2009  (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemen ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
Dated MAN Signature (By sele	Jeous Kalla v a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	GEORGE KALIL III
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)