

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000310247060

03/16/18--01013--015 **35.00

S TALLENT MAR 20 2018



Mrend Mrthl

COVER LETTER

TO: Amendment Section Division of Corporations	Current:	Rakel	Margalit, P.A
NAME OF CORPORATION:	<u></u>		
DOCUMENT NUMBER:	P07000	01821	<u> </u>
The enclosed Articles of Amenda	nent and fee are submitte	d for filing.	
Please return all correspondence of	concerning this matter to	the following:	
No.	821 NE Th Mian	Address A Beach y/ State and Zip Code	dif J, P.A. # 31-1 h, FC 33/60
For further information concerning	g this matter, please call:		
Rakel Elchan	A i L	at (486 Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payabl	e to the Florida Depar	tment of State:
-	(A	43.75 Filing Fee & ertified Copy dditional copy is nclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	Division Clifton I	nent Section 1 of Corporations

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of		
Rakel Mar	galit, P.A.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
(Document Number of	214 Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation: Rolle Elchadi name must be distinguishable and contain the word "corporations" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	"company," or "incorporated" or or. A professional corporation name	* The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2821 DE 163 North Miami	St. #3H Beach
C. Enter new mailing address, if applicable:	FC 33160	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	same	7 7 T
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent 237 JE 167 (Florida street)	3 St. #3H JBB	<u>FC</u> 33/60
	Florida, Florida	n G (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	ition.
	gistered Agent, if changing	
Signature of New Reg	умстса Адені, ў спандінд	

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 Doc 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: <u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Rakel Elchadit	2821 15 /63 St.
Add	J	'S H
Remove		IND, FL 33160
2) Change	P Rakel Margalit	2821 JE 163 St.
Add		3H
Remove	•	NMB, FL 33160
3) Change		
Add Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sheets, if necessary).	(Be specific)	
	nla	
		1-7
	<u></u>	
		- · · - · · · · · · · · · · · · · · · ·
		
,	<u>-</u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
• • •	it - an individual & look	ihr no
hairer frangau		SIGIC
dres dransed	her last name to	
11 (1)	her last name to	-
orchad (ma)	(ia)e).	_/
is such all c	surership interests 10	o',
2 200	Rakel Elchadig (in	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
re nou under	Louisal (In	CLA 10
en legal no	(ne)	
<u> </u>	•	

The date of each amendment(s) addate this document was signed.	<u> </u>	, if other than
Effective date if applicable:	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	oock does not meet the applicable statutory filing recoartment of State's records.	quirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	I
bv		 -
	(voting group)	
action was not required. The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action a	and shareholder
DatedO	3/13/2018	
0	IN K.	
selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
•	Raled Elchadit (Typed or printed name of person signing)	
	Resident	
	(Title of person signing)	
Rakel Elchadi	et - previously kn ast, last name de riage.	nown an
Rakel Mars	alt, last name a	an gell
through ma	riage.	