## P08000052305

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RAMSING 11 3 ASSOCIATES, P.A.  DOCUMENT NUMBER: PO 8 000052305
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NATASHA N.P. RAMSINGH  Name of Contact Person  RAMSINGH & ASSOCIATES, P.A.  Firm/ Company  679 S.W. TREASURE COVE  Address  PORT ST. LILLE, FL 34986  City/ State and Zip Code  NATASH A @ RAMSINGHLAW. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NATASHA NP RAM 51N6H at (T72) 924-8888  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## **Articles of Amendment**

to

## Articles of Incorporation

	of		
RAMSIN	GH & ASSOCIATES, P.A. currently filed with the Florida Dept. of State)		
(Name of Corporation as	currently filed with the Florida Dept. of State)		
P08	000052305		
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new nar	me of the corporation:		
PAREKH R	AMSINGH, P.A.	,	The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associati	ation "Corp," "Inc," or "Co". A professional corporati	ated" or the abb ion name must co	previation ontain the
B. Enter new principal office address, it (Principal office address MUST BE A ST			
C. Enter new mailing address, if applic			
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)		<b>5</b> 100
	<del> </del>		
			-
D. If amending the registered agent and new registered agent and/or the new	Nor registered office address in Florida, enter the name registered office address:	of the	PH 27
Name of New Registered Agent			20 -
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	
Now Designated Agent's Signature if the	and Dariet and Assess		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent:  red agent. I am familiar with and accept the obligations	of the position.	
Sig.	nature 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change		<del></del>		
Add			<del> </del>	
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 additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ad	option: March 8, 2013
Effective date <u>if applicable</u> :	March 8,2013  March 8,2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
action was not required.  Dated  Signature	March 9,2013 March Banda March
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	NATASHA NP RAMSINGH
·	(Typed or printed name of person signing)
	President
	(Title of person signing)