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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Amend Manachs Man/12/10

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Hecker A. Rivery, Jr. Esq. P.A.
DOCUMENT NUMBER: <u>P08000076889</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Rivera Law Offices, PA. Firm/Company
4600 S. Pikie Hay, Suite B Address West Palm Beach, FL 33405
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (Sel) 299 1886 : 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 \$\text{States}\$\$\$ \$\text{Certificate of Status}\$\$\$ Certificate of Status \$\text{Certified Copy}\$\$\$ (Additional copy is enclosed)
Mailing Address - Street Address Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curr	ently filed with the Flori-	da Dept. of State)	د بر
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(Document Nun	nber of Corporation (if kn	own)	٠ ٧
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rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this I	Alorida Profit Corporati	on adopts the fo
endinent(s) to its Articles of incorporation.			
If amending name, enter the new name of	f the corporation:	•	•
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ne must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the			
ne must contain the word "chartered," "pro	efessional association," or	the abbreviation "P.A.	"
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Enter new principal office address, if app		U S. VIKIE 1	twy
incipal office address <u>MUST BE A STREE</u>	TADDRESS)	1. R	ţ
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Enter new mailing address, if applicable		,	
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If amending the registered agent and/or r		<u>in Florida, enter the na</u>	<u>me of the</u>
new registered agent and/or the new regis	stered office address:	• • •	•
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Name of New Registered Agent:	(City)	, Florida (Zip Code)	

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>Addr</u>	ess	}	Type of A	Action
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The date of each amendment	(s) adoption: 6-4-10
* * *	d (date of adoption is required)
Effective date <u>if applicable</u> :	6-4-1 (date of adoption is required)
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•	(no more than 90 days after amendment file date)
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doption of Amendment(s)	(CHECK ONE)
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by the shareholders was/we	ore sufficient for approval
by the shareholders was/we	ere sufficient for approvar.
_	•
☐ The amendment(s) was/wei	re approved by the shareholders through voting groups. The following statement
must be separately provide	d 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
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