

P08000077253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

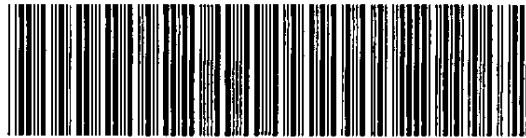
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200203662492

*Name Change
& Amend*

04/25/11--01043--023 **35.00

2011 MAY -2 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**00789, 00524, 00672 5/5/11*



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

April 27, 2011

Victoria D'Amore
5325 SW 23rd Ave.
Cape Coral, FL 33914

SUBJECT: VICTORIA LACAVALLA PA
Ref. Number: P08000077253

We have received your document for VICTORIA LACAVALLA PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You will need to file articles of amendment in order to change the name of the corporation. You can also change the name of the registered agent and the officer on the same amendment form. I am enclosing an amendment form that you may fill out and return to us.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 411A00010293

RECEIVED
11 MAY -2 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VICTORIA LA CAVALLA PA

DOCUMENT NUMBER: P080000 77 253

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTORIA D'AMORE
Name of Contact Person

VICTORIA D'AMORE PA
Firm/ Company

5325 SW 23RD AVE.
Address

CAPE CORAL FL 33914
City/ State and Zip Code

CAPECORAL Vicki @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA D'AMORE at (239) 540 2427
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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

VICTORIA LA CAVALCA PA 2011 MAY -2 AM 10:02
(Name of Corporation as currently filed with the Florida Dept. of State)
P08000077253 SECRETARY OF STATE
(Document Number of Corporation (if known)) TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VICTORIA D'AMORE P.A. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

VICTORIA D'AMORE

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Victoria D'Amore
Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>VICTORIA LA CAVALLA</u>	<u>5325 SW 23RD AVE</u> <u>CAPE CORAL FL</u> <u>33914</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>VICTORIA D'AMORE</u>	<u>5325 SW 23RD AVE</u> <u>CAPE CORAL FL</u> <u>33914</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

N/A

The date of each amendment(s) adoption: 4-28-11
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted 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.

Dated 4-28-11

Signature Victoria La Cavalla

(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)

VICTORIA LA CAVALLA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)