Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000146955 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305) 444-4994

Fax Number

: (305) 444-4977

COR AMND/RESTATE/CORRECT OR O/D RES

ACOSTA, LEMUS & HERNANDEZ PA

Certificate of Status	0
Certified Copy	0
Page Count	0년
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

06/19/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

ECES

78:1 800S 81 nut

Articles of Amendment to Articles of Incorporation

	and trees
	FILED
(((H090	JUN 19 7
ie)	SECRETARY OF STATE

	of	SFCDC- PM 2:4
·	ACOSTA, LEMUS & HERNANDEZ PA	TALLAHARY OF CT.
(Nan	e of Corporation as currently filed with the Florida Dent. of State)	- ASSEE, FLORIS
	P08000082154	NUM
	(Document Number of Corporation (if known)	

LEMUS &	HERNANDEZ P.A.	Th
ame must be distinguishable and contain i bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	the word "corporation," "o designation "Carp," "Inc,"	or "Co". A professional corpora
. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
. Enter new mailing address, if applicable:	***************************************	***************************************
(Mailing address MAY BE A POST OFFIC	TE BOX)	
(Malling address MAY BE A POST OFFICE Malling address MAY BE A POST O	EBOX)	lorida, enter the name of the
(Mailing address MAY RE A POST OFFICE) List a second second and the registered agent and/or registered agent and/or registered agent and/or registered agent.	EBOX)	Iorida, enter the ouns of the
(Mailing address MAY RE A POST OFFICE Life amonding the registered agent and/or registered agent and/or the new regis	EBOX)	
(Mailing address MAY RE A POST OFFICE If amending the registered agent and/or received agent and/or the new registered Agent. Name of New Registered Agent.	egistered office address in P	

Page 1 of 3

ttach ada	litional sheets, if necessary)	ch Officer and/or Directur bein	(((H090001
	Name	Address	Type of Action
			Add
	•		CI Komove
			D Add
			□ Remove
14 Dagg			
			IN Identions
		"	
provisio	nendment provides for an exchains for involementing the amends of applicable, indicate N/A)	nge, rechassification, or cancella	tion of issued shares.
provisio	ons for implementing the amends	nge, rechassification, or cancella	tion of issued shares.
provisio	ons for implementing the amends	nge, rechassification, or cancella	tion of issued shares.
provisio	ons for implementing the amends	nge, rechassification, or cancella	tion of issued shares.

Page 2 of 3

The date of each amendment(s) s	doption: 06/19/2009	
Effective date if applicable:	(date of adoption is required)	(((H09000146955)))
(no	more than 40 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the stareholders. The number of votes ufficient for approval.	cast for the nmendment(s)
The amendment(s) was/were apmust be superately provided for	proved by the shareholders through voting group reach voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vol	ling group)	
action was not required.	lopted by the board of directors without sharehold Inpled by the incorporators without shareholder a	
action was not required.		
Dated_06/19/09		
Signature		
	rector, president or other officer - if directors or	
	l, by an incorporator – If in the hands of a receive ed fiduciary by that fiduciary)	r, wastee, or other court
	(
****	OBDULIA LEMUS CPA	
	(Typed or printed name of person signif	Ig)
	VICE PRESIDENT	
_	(Title of person signing)	

Page 3 of 3