## P.08000081027

| uestor's Name)   |                                                                              |
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| ress)            | ·                                                                            |
| ress)            |                                                                              |
| /State/Zip/Phone | #)                                                                           |
| ☐ WAIT           | MAIL                                                                         |
| iness Entity Nam | ne)                                                                          |
| ument Number)    |                                                                              |
| Certificates     | of Status                                                                    |
| iling Officer:   |                                                                              |
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Office Use Only



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SECRETABY OF STATIONS
JIVISION OF CORPORATIONS
13 FEB -5 PH 24 13

Manch8/CUS (10,2/5/13:

## COVER LETTER

**TO:** Amendment Section .Division of Corporations

| NAME OF CORPORATION: Humberto                                            | Hernande                                                           | z, P.A.                                                                                |
|--------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOROGORY                                                                 |                                                                    |                                                                                        |
| DOCUMENT NUMBER: P08000087                                               | 021                                                                |                                                                                        |
| The enclosed Articles of Amendment and fee are sub-                      | nitted for filing.                                                 |                                                                                        |
| Please return all correspondence concerning this matter                  | er to the following:                                               |                                                                                        |
| Dana Foit                                                                |                                                                    |                                                                                        |
|                                                                          | (Name of Contact Perso                                             | n)                                                                                     |
| Humberto Hernandez, P                                                    | .A.                                                                |                                                                                        |
|                                                                          | (Firm/ Company)                                                    |                                                                                        |
| 10917 Juniperus Pl                                                       |                                                                    |                                                                                        |
|                                                                          | (Address)                                                          |                                                                                        |
| Tampa, FL 33618                                                          |                                                                    |                                                                                        |
|                                                                          | (City/ State and Zip Coo                                           | le)                                                                                    |
| danafoit@gmail.c                                                         | om                                                                 |                                                                                        |
| E-mail address: (to be used                                              | for future annual report                                           | notification)                                                                          |
| For further information concerning this matter, please                   | call:                                                              | ,                                                                                      |
| Dana Foit                                                                | 813                                                                | 919-9303 ode & Daytime Telephone Number)                                               |
| (Name of Contact Person)                                                 | (Area C                                                            | ode & Daytime Telephone Number)                                                        |
| Enclosed is a check for the following amount made pa                     | yable to the Florida Dep                                           | artment of State:                                                                      |
| ☐ \$35 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 | Amen<br>Divisi                                                     | Address dment Section on of Corporations n Building                                    |
| Tallahassee, FL 32314                                                    |                                                                    | Executive Center Circle                                                                |

Tallahassee, FL 32301



January 22, 2013

DANA FOIT HUMBERTO HERNANDEZ, P.A. 10917 JUNIPERUS PL TAMPA, FL 33618

SUBJECT: HUMBERTO HERNANDEZ, P.A.

Ref. Number: P08000087027

We have received your document for HUMBERTO HERNANDEZ, P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 113A00001617

issed is the correct form. I apologize sending the wrong form.

## Articles of Amendment to Articles of Incorporation of

ers has

| Humberto Her                                                                        | nandez V. A.  Irrently filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                       |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name of Corporation as cu                                                           | n 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| (Document N                                                                         | Number of Corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                       |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation:        | 06, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | g amendment(s) to                       |
| A. If amending name, enter the new name                                             | e of the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| name must be distinguishable and contain                                            | ties." Type.  In the word "corporation," "company," or "incorporated" or the a on "Corp," "Inc," or "Co". A professional corporation name must m," or the abbreviation "P.A."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                       |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF          | ble:<br>FICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                       |
|                                                                                     | A Service of the Serv | <u>.</u><br>-                           |
| D. If amending the registered agent and/onew registered agent and/or the new r      | or registered office address in Florida, enter the name of the registered office address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13 FE                                   |
| Name of New Registered Agent                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 - S - S - S - S - S - S - S - S - S - |
| New Registered Office Address:                                                      | , Florida (City) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 2 13                                  |
| New Registered Agent's Signature, if cha                                            | nging Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
|                                                                                     | ed agent. I am familiar with and accept the obligations of the position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| Signo                                                                               | ature of New Registered Agent, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
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Page 1 of 4

2 12. 24.4 Est

## 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)

THE REPORT OF THE PROPERTY OF

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.

| Example: X Change             | <u>PT</u>    | John Doe    | and the party of the party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |               |             |
|-------------------------------|--------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|-------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |               |             |
| X Add                         | <u>sv</u>    | Sally Smith |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |               |             |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Nam</u>  | <u>e</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Add | <u>res</u> s  |             |
| 1) Change                     |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | <u> </u>      |             |
| Add                           |              |             | And the property of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·   |               |             |
| 2) Change                     | <del></del>  | <del></del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |               |             |
| Add                           |              |             | * + £                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |               | <del></del> |
| Remove 3) Change              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | <del> </del>  |             |
| . Add                         | •            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | . 274. (1.21  |             |
| Remove                        |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |               |             |
| 4) Change                     |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |               |             |
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| 5) Change                     |              |             | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |               |             |
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| 6) Change                     |              | <del></del> | en en tradición de la companya de l<br>La companya de la co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | · · |               |             |
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| Tamending or adding additional Article attach additional sheets, if necessary). ( | Be specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| an amendment provides for an exchan                                               | nge, reclassification, or cancellation of issued shares,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| orovisions for implementing the amend (if not applicable, indicate N/A)           | ment if not contained in the amendment itself:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (ij noi applicable, maleule (1771)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| The date of each amendment(s) ad                               | option: January 15, 2013                                                                                                                       |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> :                          | , , , , , , , , , , , , , , , , , , ,                                                                                                          |
|                                                                | (no more than 90 days after amendment file date)                                                                                               |
| doption of Amendment(s)                                        | (CHECK ONE)                                                                                                                                    |
| The amendment(s) was/were ado by the shareholders was/were sui | pted by the shareholders. The number of votes cast for the amendment(s) flicient 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                                      | for the amendment(s) was/were sufficient for approval                                                                                          |
| by                                                             |                                                                                                                                                |
|                                                                | (voting group)                                                                                                                                 |
| action was not required.                                       | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder |
| · —                                                            | _                                                                                                                                              |
| Dated JONI                                                     | uary 15,2013                                                                                                                                   |
| Signature                                                      | and the                                                                                                                                        |
|                                                                | 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)                                 |
| -11                                                            | nvol. C. di                                                                                                                                    |
|                                                                | Dana toit                                                                                                                                      |
|                                                                | (Typed or printed name of person signing)                                                                                                      |
|                                                                | Manager                                                                                                                                        |
|                                                                | (Title of person signing)                                                                                                                      |