

PO9 0000 40645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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OCT 10 PM 3:52
TALLAHASSEE, FLORIDA

And
OCT 20 2014
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRIAM CASANOVA, MD. PA
Name of Corporation

DOCUMENT NUMBER: P09000040645

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA MARIA AEL
Name of Contact Person

MIRIAM CASANOVA, MD. PA
Firm/Company

8000 N.W. 7 STREET
Address

Miami FL 33126
City/State and Zip Code

ANA@MIAMI EXCELLENCEML.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MARIA AEL at (786) 382-9177
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

14 OCT 10 PM 3:52

MIRIAM CASANOVA, MD. PA

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO90000 40645

(Document Number of Corporation (if known))

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:

N/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)

8000 N.W 7 STREET
SUITE 102
MIAMI, FL 33126

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

ANA M. A&L

8000 N.W 7 ST SUITE 102

(Florida street address)

New Registered Office Address:

MIAMI

(City)

, Florida

FL 33126

(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.

Ana M. A&L

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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change PVST MIRIAM CASA NOVA 52 E. 5 STREET
☐ Add HIALEAH, FL 33010
☒ Remove
- 2) ☐ Change P NORMA BARRIAL 52 E 5 Street
☒ Add Hialeah FL 33010
☐ Remove
- 3) ☐ Change _____ _____ _____
☒ Add _____
☐ Remove
- 4) ☐ Change V ANA MARIA AEL 52 E 5 Street
☒ Add Hialeah FL 33010
☐ Remove
- 5) ☐ Change S MIRIAM CASA NOVA 52 E 5 Street
☒ Add Hialeah FL 33010
☐ Remove
- 6) ☐ Change _____ _____ _____
☐ Add _____
☐ 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)

SHARES will STAY THE SAME
AS TODAY.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____ ASAP PLEASE _____
(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 _____

Signature _____

(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)

MIRIAM CASANOVA

(Typed or printed name of person signing)

PRES, VP, S, T

(Title of person signing)