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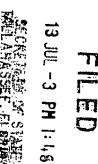
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C. LEWIS
JUL 9 2013
EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 44AMZ For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee 43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to

to	
Articles of Inco	rporation
of , , ,	FILED IN
SOPHIA CATHERINE U	AKIS, VA 12 III
(Name of Corporation as currently filed with the Flo	prida Dept. of State) 13 JUL - 3 PM 1:48
P-09000083922	-92-54-54-54-54-54-54-54-54-54-54-54-54-54-
(Document Number of Corporation (if	known)
(Document Number of Corporation (II	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SOPHIA NAKIS SANCHEZ	P.A. The new
name must be distinguishable and contain the word "corporation,	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2201 W. SWANN ARC
(Principal office address MUST BE A STREET ADDRESS)	
	1AMA, M 35606
	•
C. Enter new mailing address, if applicable:	2222 211 Communities
(Mailing address MAY BE A POST OFFICE BOX)	2301 W. SWANN Are.
•	Tains & - 23hoh
	The Source
The 10 constraints of a contract to the 10 contract to 100 con	and the the state of the manual of the
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
MENT TO DISSO TO A SECTION WHAT THE HOW TO DESCRIPT OF THE MENT TO SECTION WHAT THE MENT TO SECT	11 Com - 11 1 1
Name of New Registered Agent SPHIX	ACIC ANGUE (Cupi name change)
V	
(Florida stree	et address)
Now Projectored Office Address	, Florida
New Registered Office Address: (City)	(Zip Code)
	, , ,
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered Ag	gent, if changing
Signature of New Augistered Ag	şen, y enungung

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: X Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u> .	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	2	SORHIA NAKIS SAIKHO	L_2301 W. SWAND AVE
Add			TAMPA, FL 33606
Remove			
2)		Sonia Naxis Sakutz	JAMPA FL 33606
Remove 3) Change Add	I	Sprik Naris SANCHE	2 2001 W. SWANN ARE TAMPA, FL 33606
Remove 4) Change Add	S	Spria Natis Sucio	2 2001 W. SWANN Are Tampa, FL 33600
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
/	
	<u>. </u>
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(l) not applicable, malcale WA)	
· -	

The date of each amendment(s) adoption:
Effective date if applicable: CHECK ONE Check one Check o
SFCDCO PH 1: 46
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 6 28 123
Sizza and Sizza
Signature (By a director, president of other) officer – if directors or officers have not been
selected, by an incorporate if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Sophia Naris GNONEZ
(Typed or printed name of person signing)
Diesident
(Title of person signing)