# P10000052584

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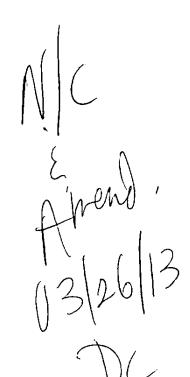
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#### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: Law Offi	ice of Monique E. L	'Italien, P.A.			
DOCUMENT NUMBER: P10000052					
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning thi	is matter to the following:				
Monique E. L'I	talien				
	Name of Contact Person				
Law Office of Monique E. L'Italien, P.A.					
Firm/ Company					
2393 S. Cong	ress Avenue, Suite	216			
Dala Ordana	Address				
Palm Springs,	<del></del>				
City/ State and Zip Code					
monique.litalien@gmail.com					
E-mail address: (to	be used for future annual report	notification)			
For further information concerning this matter,	please call:				
Monique E. L'Italien	<sub>at (</sub> 561	<u>,</u> 253-6972			
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	_	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

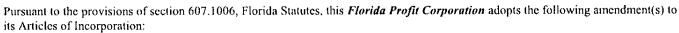
#### Articles of Amendment to Articles of Incorporation of

## Law Office of Monique E. L'Italien, P.A.

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

### P10000052584

(Document Number of Corporation (if known)



L'Italien Law Firm, P.A.	The ne
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain to
B. Enter new principal office address, if applicable:	2393 S. Congress Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 216
	Palm Springs, FL 33406
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2393 S. Congress Avenue
(Maining address MATI DE 71 GBT OF TION BOT)	Suite 216
	Palm Springs, FL 33406
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent  (Florid	da street address)
Name of New Registered Agent  (Florid	da street address)
Name of New Registered Agent  New Registered Office Address:	da street address), Florida City) (Zip Code)
Name of New Registered Agent  (Florid	da street address), Florida City) (Zip Code)

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Δ) <u>(</u> ( <u>1</u> ,			
6) Change			
Add		•	
Remove			

E. <u>If amendi</u>	ng or adding additi ditional sheets, if ned	onal Articles, ente	r change(s) here:		
N/A	annonai sneets, y nee	cessury). (De apec	.1/10)		
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F. If an ame	endment provides fo	or an exchange, r <u>ec</u>	lassification, or c	ancellation of issued	shares,
provisio	ns for implementing of applicable, indica	the amendment it	f not contained in	the amendment itse	<u>lf:</u>
N/A	ы аррисате, така	ie 14/21)			
17/7					
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The date of each amendment(s) adoption: March 14, 2013 Effective date if applicable: April 1, 2013 (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 east for the amendment(s) was/were sufficient for approval ☐ 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 March 14, 2013 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) Monique E. L'Italien (Typed or printed name of person signing) Shareholder/Principal (Title of person signing)