## P1000082825

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SECRETARY OF STATE TALL MILESSEE, FLORIDA

AUG 1 1 2015 T CANNON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: TAMI LISA GRIS	WOLD, PA	
DOCUMENT NUM	D1000000000		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	TAMI BEVILL		
		Name of Contact Persor	1
		Firm/ Company	
	39201 MEYERS ROAD		
		Address	
	LADY LAKE, FLORIDA 32	1159	
		City/ State and Zip Code	9
TAN	MI.BEVILL@THEVILLAGES	.СОМ	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DANIELLE ELLIO	П	at ( <sup>352</sup>	427-3373
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TARAT	TICA	CDICHALD	D 4
1 (4)(1)	LIDA	GRISWOLD	ľA

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P10000082825	ntly filed with the Florida Dept. of State)	
	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	•	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
TAMI L BEVILL, PA		The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation	r "Co". A professional corporation name m	e abbreviation
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)		SECRETAFI TALLANCS
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		LED STATE
Name of New Registered Agent		<u></u>
(Florida	street address)	<u> </u>
•	·	
New Registered Office Address:	(City), Florida	Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		on.
n A	n Registered Agent if changing	<del></del>

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amendment provides for an exchange, reclassification, or cancellation of issued sl visions for implementing the amendment if not contained in the amendment itself:	<u>hares,</u>	
(if not applicable, indicate N/A)		
nA		