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SECRETARY OF STATE STATE OF CORPORATION OF CORPORATION

Amend W.C. C.COULLIETTE SEP 19 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: L	YN CIAFFONE-LEE, E.	A., P.A.
DOCUMENT NUMBER	:	P1100000054	8
The enclosed Articles of A	mendment and fee are	submitted for filing.	
Please return all correspon	dence concerning this	matter to the following:	
	L	YN CIAFFONE	
	Nar	ne of Contact Person	
	TAX & FINAN	CIAL STRATEGISTS, LLC	
		Firm/ Company	
	28089 VANI	DERBILT DR., SUITE 201	
		Address	
		SPRINGS, FL 34134	
	City	// State and Zip Code	
	lyn@w -mail address: (to be used	ondertax.com for future annual report notification)
For further information co	ncerning this matter, p	lease call:	
LYN CIA	FFONE		405-8395
Name of Conta	ct Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the	following amount ma	de payable to the Florida Dep	artment of State:
	i3.75 Filing Fee & ertificate 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 Corpor P.O. Box 6327	ations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32	314	2661 Executive Center Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

LYN CIAFFONE-LEE, E.A., P.A.

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

P11000000548

(Document Number of Corporation (if known)

If amending name, enter the new name of	the corporation:	
	FFONE, E.A., P.A.	The new
ame must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc," or "Co". A	A professional corporation
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		70)
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>		A SEP 16 PH 1: 44
If amending the registered agent and/or r new registered agent and/or the new regis		er the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	_
		_, Florida
	(City) (Zip	Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PST	LYN CIAFFONE-LEE	9021 SOMERSET LN BONITA SPRINGS, FL 34135	☐ Add ☐ Remove
PST	LYN CIAFFONE	9021 SOMERSET LN BONITA SPRINGS, FL 34135	☐ Add ☐ Remove
			Add Remove
	ding or adding additional Articles, endditional sheets, if necessary). (Be s		
<u>provisi</u>		reclassification, or cancellation of iss t if not contained in the amendment i	

s) adoption: <u>08/05/2011</u>
(date of adoption is required)
(no more than 90 days after amendment file date)
(CHECK ONE)
e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
ast for the amendment(s) was/were sufficient for approval
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)
e adopted by the board of directors without shareholder action and shareholder
e adopted by the incorporators without shareholder action and shareholder
5/2011
Lyn Ciaffone
a director, president or officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
LYN CIAFFONE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)