P11000001421

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	(Requestor's Name)
	(Address)	
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	(City/State/Zip/Phor	ne #)
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	(Document Number	7)
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OIVISION OF CORPORATIONS

Amund 10 11/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Robert Wainland, P.A.	
DOCUMENT NU	MBER:	P11000001421	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Robert Wainland	
]	Name of Contact Person	
	Ro	bert Wainland, P.A.	
	Firm/ Company		
	6574 N. STATE RD 7 #120		
Address			
	COCONUT CREEK FL 33073		
		City/ State and Zip Code	
		and @ Comcast. net	
For further informa	ation concerning this matter	please call:	
	obert Wainland	at (954) 747-1000	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	k for the following amount r	nade payable to the Florida Department of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fe Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fe Certificate of Sta Certified Copy (Additional Copy	atus
Mailing Ac	ldress	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
rananassee, FL 32314		2001 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

filed with the Florida	D4 - CO4 .4-)	
11100 11101 1110 1 1011	Dept. of State)	
001421		
of Corporation (if know	/n)	
orida Statutes, this Fla	orida Profit Corporation add	opts the following
corporation:		
		The new
gnation "Corp," "Inc, onal association," or t <u>le:</u>	" or "Co". A professional c	ed" or the corporation
DRESS)		_
<u>ox</u>)		SECRETARY OF STATIONS SECRETARY OF STATIONS 11 NOV - 1 PH 2: 10
ered office address in l office address:	Florida, enter the name of	the
(Florida street ac	ldress)	
	, Florida	
(City)	(Zip Code)	
		ne position.
	ered office address in doffice address: (Florida street ad (City)) Egistered Agent: I am familiar with an	orida Statutes, this Florida Profit Corporation additional Statutes, this Florida Profit Corporation additional Corporation; Ford "corporation," "company," or "incorporational association "Corp," "Inc," or "Co". A professional and association," or the abbreviation "P.A." Inc.

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)

Title	<u>Name</u>	Address	Type of Action
Secr'y	Lisa Wainland	6574 N. STATE RD 7 #120 COCONUT CREEK FL 33073	☐ Add ☐ Remove
			☐ Add ☐ Remove
 			☐ Add ☐ Remove
(attach addi	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif	change(s) here:	
provisions	ndment provides for an exchange, recl s for implementing the amendment if n	assification, or cancellation of iss not contained in the amendment i	ued shares,
(if not	applicable, indicate N/A)		

The date of each amendment(s) adoption: 10 26/11 Effective date if applicable: 10 26/11		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statemen oting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by		
(voting gro	up)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated October 26, 20 Signature	July July July July July July July July	
(By a director, p	president or other officer – if directors or officers have not been	
	ncorporator - if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	Robert Wainland	
	(Typed or printed name of person signing)	
	President	
(Ti	tle of person signing)	