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(⊀€	equestor's Name)	
(Ad	ldress)	
	Idress)	,
(Au	idress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP		MAIL
_	_	_
(Bu	siness Entity Name)
(Do	ocument Number)	
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Certified Copies	_ Certificates o	f Status
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Special Instructions to	Filing Officer.	
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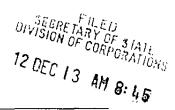
Amend Meanlchs 12/14/12

COVER LETTER

TO: Amendment Section *
Division of Corporations

NAME OF CORPORATION: INNA F	PALLAS, P.A.	
DOCUMENT NUMBER: P1100004		
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
INNA PALLA	NS	
	Name of Contact Perso.	n
17100 COLL	Firm/ Company	215
SUNNY ISLE	Address ES BEACH, FL	
INNAPAL24@G E-mail address: (to b	City/ State and Zip Cod Cod Cod Cod Cod Cod Cod Cod	
For further information concerning this matter, p	olease call:	
INNA PALLAS	at (305	766-2812
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	2	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



INNA PALLAS, P.A.

(Name of Corporation as currently filed with the I	Florida Dept. of State)
P11000040635	
(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
P REAL, P.A.	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	17100 COLLINS AVE, STE 215
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUNNY ISLES BEACH, FL 33160
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	
new registered agent and/or the new registered ornice address	<u>s.</u>
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ut:
hereby accept the appointment as registered agent. I am familiar	

Signature of New Registered Agent, if changing

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> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	INNA PALLAS	17100 COLLINS AVE, STE 215
X Add			SUNNY ISLES BEACH, FL 33160
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassificat	ion, or cancellation	on of issued share	<u>res.</u>
orovisions for implementing the ame (if not applicable, indicate N/A)	nament it not cont	ained in the ame	igment itseit;	
		······································		
				.,

The date of each amendment(s) a	doption: 12/10/2012
Effective date if applicable: 12	2/10/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 12/10 Signature (By a c	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	INNA PALLAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)