Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, FA

Account Number : 119980000068 Phone : (954)437-0700 Fax Number : (954)436-8195

Enter the smail address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN GRAJO, INC.

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November 28, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations,

GRAJO, INC. 3896 MEADOW LANE HOLLYWOOD, FL 33021US

SUBJECT: GRAJO, INC. REF: P11000098481

We have received your document for GRAJO, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s).

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H11000278637 Letter Number: 611A00026631

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ALEANASSEE, FLORIDA

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Articles of Amendment to Articles of Incorporation of

GRAIO, INC			* 3.V
(Name of Corporation as currently filed	with the Florida Dept. of	State)	
P11000098481			1.5
(Document Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Pro	fit Corporation adopts the follo	wing
A. Hamending name, enter the new name of the corpo	ration:		
JULIÈ ABOLAFIA, P.A.			
The new name must be distinguishable and contain the we abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional a	on "Corp," "Inc," or "Co	". A professional corporation	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	(22		
	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	office address in Florida, e address:	enter the name of the	
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:	·	Ti-da	
HER RESIDENCE OFFICE NUMBER.	(City)	, Florida (Zip Code)	
	•		
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent. I am	familiar with and accept t	he obligations of the position.	
Signature of New R	egistered Agent, if changing	3	

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If AMENDI	G the Officers	and/or Directe	ors, please list	all officers	directors of the co	prporation as yo	a now want
the record to	be. Please indica	ste the title(s).	name and add	ress for eacl	h officer/director.		
(Our databas additional she		o 6 officers/dir	ectors. If you	have more	than 6 officers/dire	ectors, please list	them on an
Title(s)	Na	m <u>e</u>		A	ddress		
1)				<u> </u>	 -	·	
_				_			
23							
2)				., <u></u>			
•				_			
3)	· 						
							
4)							
·/		<u> </u>		<u> </u>			
					<u> </u>		
5)						 	
							
G				_			
				-			 -
							
If REMOVI	VG an officer an	d/or director, 1	please list the t	itle(s) and n	ame of the officer	director to be re	moved:
<u>Title(s)</u>	<u>Name</u>			Title(s)	Name		
1)				4)	<u></u>	, 	_
2)			<u>.</u>	5)			
3)			_	6)	_		- -

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E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)			
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F. If no amendanced provides for an exchange, rectassification, or concellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
- -
The date of each amendment(s) adoption: 11-28-11
<u>.</u>
Effective date <u>if applicable</u> : (no more than 90 days ofter amendment file date)
for the property of the design the property
Adoption of Amendment(s) (CHECK ONE)
I The amendment(s) was Avere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was Avere 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 cast for the amendment(s) was/were sufficient for approval
by
(voling group)
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 11-28-11 Signature & July aloo Cafea
(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)
JULIE ABOLAFIA (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)
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