P12000036808

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PICK-UP WAIT MAIL
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Amend CC Cosiii 12

COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF CORPORATION: NATHANAL	EL RAMOS P. A	١.	
DOCUMENT NUMBER: P1200003680			
The enclosed Articles of Amendment and fee are sub	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
NATHANAEL RA	MOS		
NATHANAEL RA	Name of Contact Person MOS P. A.	1	
P. O. BOX 13011	Firm/ Company		
FORT PIERCE, F	Address FLORIDA 34979)	-
GUILOY@GMAIL.CO E-mail address: (to be use	City/ State and Zip Cod OM ed for future annual report		
For further information concerning this matter, please	e call:		
NATHANAEL RAMOS	_{at (} 352	497-3297	
Name of Contact Person		de & Daytime Telephone Numbe	er
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301



May 1, 2012

NATHANAEL RAMOS NATHANAEL RAMOS P.A. P.O. BOX 13011 FORT PIERCE. FL 34979

SUBJECT: NATHANAEL RAMOS P. A.

Ref. Number: P12000036808

We have received your document for NATHANAEL RAMOS P. A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 012A00013127

Date of this notice: 04-25-2012

Employer Identification Number:

45-5132645

Form: SS-4

Number of this notice: CP 575 A

NATHANAEL RAMOS PA % NATHAN RAMOS PO BOX 13011 FORT PIERCE, FL 34979

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-5132645. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 03/15/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

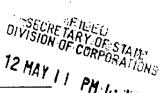
999999999

Your	Telephone	Number	Best Time	to Cali	DATE	OF '	THIS	NOTICE:	04-25-20	12	
() -				EMPL(OYER	IDEN	TIFICATI	ON NUMBER	45-51	32645
					FORM	: S	S-4		NOBOI)	

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

NATHANAEL RAMOS PA % NATHAN RAMOS PO BOX 13011 FORT PIERCE, FL 34979

Articles of Amendment Articles of Incorporation \cdot of



NATHANAEL RAMOS P. A.

(Name of Corporation as currently filed with the l	Florida Dept. of State)	· · · · · · I:3
P12000036808		
(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	·	
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	
B. Enter new principal office address, if applicable:	5370 NW SOUTH CRISONA CIR	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT SAINT LUCIE,	
	FLORIDA 34986	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. BOX 13011	
(1.14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	FORT PIERCE,	
	FLORIDA 34979	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres.		
Name of New Registered Agent NATHANAEL R	AMOS	
5370 NW. South Crisona P. O. BOX 130	11	
Port Saint Lucie, Florida 34986 ORT PIERCE New Registered Office Address:	reet address) —, Florida 34979	
(City)	(Zip Code)	

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>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PTSD	NATHANAEL RAMOS	P. O. BOX 13011 FORT PIERCE FLORIDA 34979
2) Change Add Remove	VTD	LOYDA RAMOS	P. O. BOX 13011 FORT PIERCE FLORIDA 34979
3) Change Add Remove	SD	MICHELE RAMOS	P. O. BOX 13011 FORT PIERCE FLORIDA 34979
4) Change Add Remove			
5) Change Add Remove			
6) Change Aḍd Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	'n
2	
Mess III de ETN	
PERS Add ME EIN	
11- 5120111	
45-5/32645	
	<u>-</u> _
	<u> </u>
	
. If an amendment provides for an exchange, reclassification, or cancellation of issued sl provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	nares,
N/A	
	<u> </u>
	

The date of each amendment(s) adoption: 04/21/2012
Effective date if applicable:	04/21/2012
. <u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_04/2	1/2012
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	NATHANAEL RAMOS
	(Typed or printed name of person signing)
	PTSD
	(Title of person signing)