P12000064729

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Luque and Donohue Law, P.A. DOCUMENT NUMBER: P12000064729 The enclosed-Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erica Luque Name of Contact Person 5037 Tamiami Trail East Address Naples, Florida 34113 City/ State and Zip Code ericaperezluque@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erica Luque Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

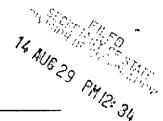
Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Luque and Donohue Lav	w, P.A.		7/2:34
(Name of Corporation as	s currently filed with the Fl	orida Dept. of State)	34
P12000064729			
(Documer	nt Number of Corporation (if	`known)	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
Luque Law Firm, P.A.			The new
name must be distinguishable and con	nation "Corp," "Inc," or "C	n," "company," or "incorporated" or the accor. Co". A professional corporation name must be P.A."	bbreviation
B. Enter new principal office address, if applicable:		5037 Tamiami Trail East	
(Principal office address <u>MUST BE A S</u>		Naples, Florida 34113	•
			•
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5037 Tamiami Trail East	
		Naples, Florida 34113	-
D. If amending the registered agent an	nd/or registered office addr	ess in Florida, enter the name of the	-
new registered agent and/or the nev			
Name of New Registered Agent	Erica Luque		
	5037 Tamiami T	rail East	
,	(Florida stre	eet address)	
New Registered Office Address:	Naples	, Florida 34113	_
	(City)	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ivith and accept the obligations of the position.	

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: Z Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	MP		Kerry Donohue	2645 Executive Park Dr.
Add				Suite 401
Remove				Weston, Florida 33331
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			•	
				
Add Remove				
Kolliove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
*
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·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
All shares shall be issued to Erica Luque.
All shares shall be issued to Elica Luque.
•
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The date of each amendment(s) adoption: August 27, 2014		
date this document was signed.		
Effective date if applicable: August 27, 2014		
(no more than 90 days after amendment file date)		
ž.		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were 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"		
(voting 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.		
Dated8/26/2014		
Signature		
(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)	_	
Erica Luque		
(Typed or printed name of person signing)		
Managing Partner		
(Title of person signing)	_	

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