# P12000070605

• (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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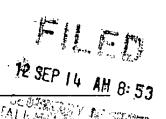
SEP 19 2012

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

211.0.0 or ourpoin				
NAME OF CORPORA	TION: PATAKI CE	NTER SERVIC	ES INC	
	R: P1200007060			
The enclosed Articles of	Amendment and fee are sul	omitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
L	EHEL NAGY			
— F	ATAKI CENTER	Name of Contact Person R SERVICES INC		
1	6275 SW 88TH	Firm/ Company ST. #174		
		Address		
N	и <mark>АМІ, FL 3319</mark> 6			
<del></del>		City/ State and Zip Code	<b>&gt;</b>	
PAT	AKICENTER@G	MAIL.COM		
·		ed for future annual report	notification)	
For further information c	oncerning this matter, pleas	e call:		
LEHEL NAGY		<sub>at (</sub> 775	572-8254 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	\$43.75 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)	
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Internation On of Corporations Building Executive Center Circle Eassee, FL 32301	

# **Articles of Amendment** Articles of Incorporation of



## PATAKI CENTER SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

## P12000070605

(Document Number of Corporation (if known)

ent(s) to

	me of the corporation:			
N/A				
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associati	ttion "Corp," "Inc," o	r "Co". A professio		
Futer new principal office address it	f annlicable:	N/A		
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )				
		<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
-				
		<del></del>		
. If amending the registered agent and new registered agent and/or the new			ter the name	of the
	N/A	633.		
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·		
-	(Florida	street address)		
- 10°C 411	(Florida	street address)	DI 11	
New Registered Office Address:		street address)	, Florida	(Zip Code)

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		SZABINA A. STICE	16275 SW 88TH ST. #174
Add				MIAMI, FL 33196
X Remove				
2) Change	S		SZABINA A. STICE	16275 SW 88TH ST. #174
X Add				MIAMI, FL 33196
Remove				·
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Damaya				

Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
/A	
***************************************	
	·
. =	
If an amandment provides for an eval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Hamen Have contained in the state of the sta
(5	
/ ^	
/A	

The date of each amendment(s)	adoption: 09/12/2012
Effective date if applicable:	J/A
Effective date it applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a 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)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 09/12	2/2012
selec	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)
	LEHEL NAGY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)



Department of the Treasury Internal Revenue Service Ogden, UT 84201 In reply refer to: Aug 16, 2012

80-0842838

0443880477

LTR 147C

PATAKI CENTER SERVICES INC 16275 SW 88TH ST STE 174 MIAMI FL 33196

Taxpayer Identification Number: 80-0842838

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of August 16th, 2012.

Your Employer Identification Number (EIN) is 80-0842838. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Dana Spackman

1181333

Customer Service Representative