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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PATAKI CENT	TER SERVICES INC
DOCUMENT NUMBER: P12000070605	
The enclosed Articles of Amendment and fee are	submitted for filing.
  Please return all correspondence concerning this 	matter to the following:
LEHEL NAGY	
PATAKI CENTER SERV	Name of Contact Person /ICES INC
	Firm/ Company
9710 TRAVILLE GATE	VAY DR. STE 396
DOCKANI LE MO 2005	Address
ROCKVILLE, MD 20850	
	City/ State and Zip Code
PATAKICENTER@GMAIL.G	ом
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	ease call:
LEHEL NAGY	at ( 775 ) 572-8254
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PATAKI CENTER SERVICES INC

THE CENTER SERVICES INC						
(Name	of Cor	poration as currently	filed with the Florida De	pt. of State)		
P12000070605	Ī					
		Document Number of (	Corporation (if known)			
	1		Sorporation (in known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006,	Florida Statutes, this F	lorida Profit Corporation	adopts the fol	llowing amend	ment(s) to
A. If amending name, enter the new n	ame of	the corporation:				
N/A					The n	
name must be distinguishable and con	ntain th	word "corporation.	" "company " or "incor	norated" or		ew on
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation	Corp, " "Inc, " or "C	lo". A professional corpo			
B. Enter new principal office address,	if ann	 licable:	N/A			
(Principal office address MUST BE A S						_
		II.				-
						_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			9710 TRAVILLE GATE	EWAY DR. S	TE 396	_
		III	ROCKVILLE, MD 2085	50		
		<b> </b>				-
					<del>7</del> :: <del>3</del>	_
D. If amending the registered agent ar	nd/or r	egistered office addre	es in Florida antar tha n	ame of the		
new registered agent and/or the ne			33 III I IOIIGII, CIICI IIIC II	anic or the	無日発	77
	N/A				-5 -5	<del></del>
Name of New Registered Agent		<u>!!</u> 	<del></del>		<del>Hi</del> o i	ш
					<u> </u>	$\Box$
		(Florida stree	et address)		용당 · f.	
New Registered Office Address:	N/A			. Florida		
		(0	City)	,	(Zip Code)	•
New Registered Agent's Signature, if o						
I hereby accept the appointment as regis	tered a	gënt. Tam familiar wi 	th and accept the obligation	ons of the pos	ition.	
		Signature of Nov. Do.	gistered Agent, if changing		<del>-</del>	
		Signature by New Key	қысғен ядет, <i>у елап</i> діп <u>у</u>	5		

address of each Officer a	and/or D	irector being	iter the title and name of each off ; added:	icer/director being removed and title, name, and
(Attach additional sheets, Please note the officer/dir			letter of the office title	
				R= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO = held. President, Treasurer Changes should be noted	= Chief F r, Directo in the fol ves the co	inancial Offi or would be P lowing mann orporation, S	cer. If an officer/director holds m TD. er. Currently John Doe is listed as ally Smith is named the V and S. Th	ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is seese should be noted as John Doe, PT as a Change,
Example:		,		
X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	l <u>me</u>	<u>Addres</u> s
1) Change	<u>s</u>	SZ	ABINA STICE	9710 TRAVILLE GATEWAY DR.
Add				STE 396
X Remove			\   	ROCKVILLE, MD 20850
2) Change		_	<u> </u>	
Add				
Remove				<del></del>
3) Change		_		
Add				
Remove				<del></del>
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	- <del></del>			
Add				· -

\_\_\_\_ Remove

E. If amending or adding additional Articles.	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
N/A	
<u> </u>	· · · · · · · · · · · · · · · · · · ·
	<u>                                     </u>
	1
	<u>                                     </u>
•	
	1
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
N/A	
	11
	11
	1
	11
	N. C.

The date of each a	amendment(s) ac	N/A loption:	, if other than the
date this document	t was signed.	·	
Effective date <u>if a</u>	N/A pplicable:		
			(no more than 90 days after amendment file date)
Note: If the date document's effecti			t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Ame	ndment(s)	( <u>CH</u> E	ECK ONE)
	it(s) was/were add lders was/were su		hareholders. The number of votes cast for the amendment(s) oproval.
			shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The num	iber of votes cast	for the amend	lment(s) was/were sufficient for approval
by			· · · · · · · · · · · · · · · · · · ·
		(votir 	ng group)
The amendmen action was not i		opted by the b	oard of directors without shareholder action and shareholder
The amendmen		opted by the ir	ncorporators without shareholder action and shareholder
	Dated 09	-01-	2017
			2
:	Signature		
	(By a d selecte	rector presided, by an incor	porate If in the hands of a receiver, trustee, or other court
			by that fiduciary)
		LEHEL NA	I GY
		(1	yped or printed name of person signing)
		PRESIDENT	
			(Title of person signing)
			<b>\</b>