P130005495

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ALLAHASSEC FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DANIEL C. OLS.	AK, PA	
DOCUMENT NUM	D13000005405		
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	CLAUDIO D OLSAK		
		Name of Contact Perso	n
	CLAUDIO D OLSAK, PA		
		Firm/ Company	
	7550 NW 112 PATH		
		Address	
	DORAL FL .33178		
		City/ State and Zip Cod	e
danie	lolsak@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
CLAUDIO D OLSAK		at (965-8878
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

DANIEL C. OLSAK, PA

DANIEL C. OLSAK, FA	
(Name of Corporation as current P13000005495	ly filed with the Florida Dept. of State)
	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
CLAUDIO D OLSAK PA	77
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or two word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSI
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
	eet address)
New Registered Office Address:	(City) (Zip Code)
	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	L with and accept the obligations of the position.
Signature of New R	egistered 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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		 	
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

	r adding additional A nal sheets, if necessary	:). (Be specific)			
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	ent provides for an ex	<u>change, reclassifi</u>	cation, or cancell	ation of issued sh	ares,
f an amendme	implementing the an	nendment if not co	ontained in the ai	mendment itself:	
<u>provisions for</u>	licable indicate MAY				
<u>provisions for</u>	licable, indicate N/A)				
<u>provisions for</u>	licable, indicate N/A)				
<u>provisions for</u>	dicable, indicate N/A)			.	
<u>provisions for</u>	dicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the sharcholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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 components of a prointed fiduciary by that fiduciary)	en Ourt
CLAUDIO D OLSAK	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	