## P1300008541

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Bajalia Sanders & Bajalia, P.A. DOCUMENT NUMBER: P13000008541 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael M. Bajalia, Esq. Name of Contact Person Bajalia Sanders & Bajalia, P.A. Firm/ Company 11512 Lake Mead Ave., Building 300, Suite 301 Address Jacksonville, FL 32256 City/ State and Zip Code michael@bsbattornevs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael M. Bajalia, Esq. 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED 15 HAR 16 PH 3: 25

	UI UI	(1)	U- 4.0
Bajalia Sanders & Bajalia, P	.A.	· · · · · · · · · · · · · · · · · · ·	** ( ** **
(Name of Corporation as currently	filed with the Florida De	pt. of State	- S. 1 L
P13000008541		-#1	
(Document Number of	of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Pr	rofit Corporation adopts the folk	owing amendment(
A. If amending name, enter the new name of the	corporation:		
Bajalia Law Office, P.A.			Tl
name must be distinguishable and contain the we			The new
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	( <b>OX</b> )		
D. If amending the registered agent and/or registeness new registered agent and/or the new registered		rida, enter the name of the	
<del> </del>	a onice address.		
Name of New Registered Agent			
	(Florida street address)	<u> </u>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code,	<del></del>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change	_		
Add Remove			
Change Add			
Remove			
4) Change			
Remove  5) Change			
Add Remove	_		
6) Change			
Add			
Remove			

(Attac	ending or adding additional Articles, enter change(s) here: in additional sheets, if necessary). (Be specific)
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
• •	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must he separately provided for	proved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	10/2015	
Signature	While MIndele	
(By a d	vector, president of other officer - if directors or officers have not been	<del></del>
	d, by an incorporator – it in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Michael M. Bajalia	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	_