## P13000017190

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AUG 1 4 2014 T. CARTER

## **COVER LETTER**

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Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: RON EPPINGER P.A.  DOCUMENT NUMBER: P13000017190				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ron Eppinger  Name of Contact Person				
1508 BAY ROAD #829				
MIAMI BCh F1 33139 City/ State and Zip Code				
E-mail address: (to be used for future annual report modification)				
For further information concerning this matter, please call:				
Ron Eppinger at 954, 520 2731				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment**

	FILED	
SECHE	TARY OF	STATE
TALL	्रे ते से हिंही, न	: បករបក

Articles of Incorporation		TÄLLNIGAS	(#f. ™ ORID		
Ron Eppin	geR "	P.A.		14 AUG - I	PH 3:31
	filed with the	Florida Dept.	of State)		
P130000	91710	70			
(Document Number of	f Corporation (	(if known)		<del></del>	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this	s Florida Prof	it Corporation ado	pts the following ame	ndment(s) to
A. If amending name, enter the new name of the of REPPINA  name must be distinguishable and contain the wo		JR.	P. A.	The	new
name must he distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p," "Inc." or	"Co". A proj	y," or "incorpore fessional corporati [ ]	ited" or the abbrevi on name must contai	iation in the
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD			NIA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X</u> )		NIA		
D. If amending the registered agent and/or registenew registered agent and/or the new registered			la, enter the name	of the	
Name of New Registered Agent	N	<i>l A</i>			
New Registered Office Address:	(Florida s. N/ (City	treet address)  7	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Reliable thereby accept the appointment as registered agent.			ept 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		NIA	
Add Remove		,	
2) Change		NA	
Add Remove 3) Change		NA	
Add Remove			
4) Change		NA	
Remove		1/0.	
5) Change		NA	
Remove		01/2	
6) Change			
Remove			

E. If amending or adding (Attach additional sheets	additional Articles, enter ch if necessary). (Be specific,	ange(s) here: )		
	NIA			
	/V [ /f			
			······	
. If an amendment proving provisions for implem (if not applicable,	des for an exchange, reclassenting the amendment if no indicate N/A)	sification, or cancellation t contained in the ame	on of issued shares, adment itself:	
	NA			<u> </u>

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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)	
(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.	
Dated	
Signature	
(By a director, president or other officer – if directors of officers have not been selected, by an incorporator — If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	