P13000049811

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(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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SEGRETARY OF STATE

JUN 2 6 2013

T. BROWN

COVER LETTER*

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARCIA V	ALLADARES PA	4	
DOCUMENT NUMBER: P130000498	11		
The enclosed Articles of Amendment and fee are so			
Please return all correspondence concerning this ma	atter to the following:		
Caroline Larson			
	Name of Contact Persor	1	
Larson Accountii	ng and Consultin	g Services LLC	
	Firm/ Company		
8615 Commodity	Circle Suite 06		
	Address		
Orlando FL 3281	19		
	City/ State and Zip Code	e	
finances@larsonacc	c.com		
	used for future annual report	notification)	
For further information concerning this matter, plea	ase call:		
Wesley Scheidegger	_{at (} 407	3703686	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$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	Street	Address	
Amendment Section	Amend	Amendment Section	
Division of Corporations		on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



MARCIA VALLADARES, PA	2.5
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000049811	

nt(s) to

P13000049811	*		
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following amendmer
A. If amending name, enter the new na MARCIA MELLO VALLA			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>			
	,		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
	· 		
D. If amending the registered agent an new registered agent and/or the nev		ss in Florida, enter the nan	ie of the
Name of New Registered Agent	N/A		
. dane of the real real real real real real real rea			
	(Florida stree	et address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation	s of the position.
Sig	gnature of New Registered A	gent, 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>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
IXCIIIUVE			

/A	(Be specific)	
<u> </u>		
provisions for implementing the ame		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
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provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) /A		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		

The date of each amendment(s)	adoption: 06/19/2013
Effective date <u>if applicable</u> :	6/19/2013
<u> </u>	(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)
	1 00 17
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 06/19	9/2013
Signature T	Mario Vallado
(By a 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 pointed fiduciary by that fiduciary)
	MARCIA MELLO VALLADARES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)