P1300051478

(Re	questor's Name)	. ,			
(Ad	dress)	<u> </u>			
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
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TALL ATTREET TORIDA

Amend + Name Change

UAN 3 1 2014 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPO	RATION: Tammy A.	Eiseman, PA		
DOCUMENT NUM	BER: P1300005147	'8		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Tammy Ann Eise	eman		
		Name of Contact Person	1	
		Firm/ Company		
	1190 SW Empire	Street		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Port St Lucie, FL	34983		
		City/ State and Zip Cod	 	
tar	nmy.eiseman@ou	tlook com		
	•	sed for future annual report	notification)	
	· ·	•	,	
For further information	on concerning this matter, pleas	se call:		
Tammy Ann	Eiseman	at (772	224-4522	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:	
□ \$35 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		Street	Address	
	nendment Section		lment Section	
	vision of Corporations		on of Corporations	
P.O. Box 6327 Tallahassee FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE TALLAMATICE TURRIDA

	Articles of Incor	poration		
Onny A E	of currently filed with the Flo	P. A.	14 JAN 27	PH 4: 09 -
P13000051478		,		
(Documer	nt Number of Corporation (if I	mown)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new na Tammy Ann Eiseman, P.				ant.
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	tain the word "corporation, ation "Corp," "Inc," or "Co	o". A professional corpo		
B. Enter new principal office address, (Principal office address MUST BE A S				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>cable:</u> OFFICE BOX)			- -
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the n	ame of the	_
Name of New Registered Agent	Tammy Ann Eise	man	_	
	1190 SW Empire	Street		
	(Florida stree			
New Registered Office Address:	Port St Lucie	, Floric	1a 34983 (Zip Code)	_
Sign Sign	ered agent. I am familiar wing the second of	ent, if changing	<u> </u>	delle
nam	e, as FREC 1	requires my	urpora.	tim
Sa * Note: Ju nam to n	Page 1 of natch my red	al estate /10	cense,	

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.

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>	Name	<u>Addres</u> s
1) Change	С	Tammy Ann Eiseman	1190 SW Empire Street
Add		=	Port St Lucie, FL 34983
Remove	¢	Same person, just adding full middle name per F	0 <u> </u>
2) Change		ruii miadle name per F	REC guidelines
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach	additional she	ets, if necessa	ry). (Be s	ter change(s) pecific)	<u>,==#= *-</u> +		
-				,			
						<u> </u>	······································
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				•			
lf an ar	nendment pr	ovides for an	exchange, i	reclassificatio	n, or cancellat	ion of issued s	nares,
provis	ions for imple not applicable	<mark>ementing the</mark> le, indicate N/	amendmen	t if not contai	ned in the am	endment itself:	
(5)		,	,				
				 .	-		
		<u>. </u>					
			-	-		•	
_						· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a date this document was signed.	doption: 0 1/22/20 14	, if other than the
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 add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	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)	
	(voting group)	
The amendment(s) was/were addaction was not required.	opted 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	1/22/14	
Signature	Las alessona	
` *	lirector president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Tammy Ann Eiseman	
	(Typed or printed name of person signing)	
	Chairman	,
	(Title of person signing)	