## 713000059759

(F	Requestor's Name)	
A)	Address)	
(A	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(C	Document Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	to Filing Officer:	

Office Use Only



500257773555

03/14/14--01003--013 \*\*35.00



## COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: MAGGIE REDTLICE PA  DOCUMENT NUMBER: P130 000 59 75 9					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Margaria Redrick  Name of Contact Person  Maggie Redrick PA  Firm/ Company  2207 9 reen Oaks Ln  Address  Tempe FL 33612  City/ State and Zip Code  Maggie Redrick e gmail. Com  E-phall address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
MARZGARITA REDIGICIO at (813) 440 85 85  Name of Contact Person Area Code & Daytime Telephone Number					
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 CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

## Articles of Amendment to Articles of Incorporation of

HAggie Kedric	K Pr	4				
(Name of Corporation as currently filed	<u> </u>	rida Dept, of Sta	ite)		_	
P130 000 59	759					
(Document Number of Co	orporation (if l	known)			-	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this F	lorida Profit Corp	poration ado	pts the following	ng ame	ndment(s) to
A. If amending name, enter the new name of the corp	poration:					
MARGARITA Y	Roni	Pick	PA		The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation, "Inc," or "C	" "company," oi o". A profession	r "incorpord	nted" or the a on name must	bbrevi	iation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)				<b>-</b>	
					<b>-</b> -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)				-	
			· · · ·	· .	_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Fjorida, ent	er the name	of the	-	
Name of New Registered Agent						
	(Florida stree	t address)	<u> </u>		14	Age San
New Registered Office Address:			. Florida		KAR	47 C 31 32
	(City)		, 1 1011441	(Zip Code)		SET
					Æ,	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second of the second	tered Agent: am familiar wi	th and accept the	obligations o	of the position.	MH: 47	
Signature of New	Registered Ag	ent, 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$ .

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	PT	John Doe	2		
X Remove	Y	Mike Jor	<u>les</u>		
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change					
Add Remove				•	
2) Change					
Add					
Remove 3) Change					
Add				•	
Remove					<del></del>
4) Change		<del></del> .		-	
Add					
Remove				•	
5) Change		<del></del> .		-	
Add Remove				•	
6) Change		_		•	
Add		_			
Remove					

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
######################################	
	<del></del>
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
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 03 10 14	
Signature	
(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 court	<del></del>
appointed fiduciary by that fiduciary)  ANGANTA REDICICA  (Typed or printed name of person signing)	<u>.</u>
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>