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JUN 23 2016

R. White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: JELENA HOUSTO	ON PA			
DOCUMENT NUMBER:					
The enclosed Articles of An		bmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the following:			
XAV	IER VITERI				
		Name of Contact Person	1		
VITE	VITERI FINANCIAL CORPORATION				
		Firm/ Company			
6721	6721 SW 69 TERRACE				
	· · · · · · ·	Address			
MIAI	MI, FL 33143				
		City/ State and Zip Code	2		
XAVIER@	VITERIFINANCIAL.C	COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information conc	eerning this matter, pleas	se call:			
XAVIER VITERI		at (262-1237		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	rtment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED 16 JUN 17 AH 10: 32

IFLENA	HOUSTON PA

JELENA HOUSTON PA	SECTOMATICAL STATE
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P13000060782	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
JELENA KHURANA P.A.	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office as	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	
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.

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)	Title	<u>Name</u>	Address
1) Change	P	Jelena Houston	6000 Collins Ave
Add			Unit 513
X Remove			Miami Beach, FL 33140
2) Change	P	Jelena Khurana	6000 Collins Ave
X Add			Unit 513
Remove			Miami Beach, FL 33140
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s (Be specific)			
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an amendment provides for an exch	ange, reclassificatio	n, or cancellation on the contraction of the contra	f issued shares, ent itself:	
rovisions for implementing the amer (if not applicable, indicate N/A)	ndm <u>e</u> nt if not contai			
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	06/13/2016	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.		
<u>0</u> Effective date <u>if applicable</u> :	6/13/2016	
Enective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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 c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
06/13/20 Dated	216	
Signature		
Jet et e	the tor, president or other officer – if directors or officers have not been cled, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	Jelena Khurana	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	