

/D		
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to		
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Office Use Only



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09/08/15--01013--004 \*\*25.00

10/13/15--01001--013 \*\*10.00

OCT 15 2015

R. WHITE

15 OCT 12 PN W 55



September 14, 2015

CARLA D THROWER 247 W. CHRYSTIE CR. DELRAY BEACH, FL 33484

SUBJECT: CARLA T. ZOROVICH, C.P.A., P.A. Ref. Number: P13000060959

We have received your document for CARLA T. ZOROVICH, C.P.A., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

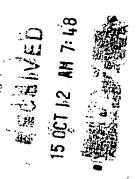
The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 915A00019317



## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Carla T. Zorovich, CPA, PA  DOCUMENT NUMBER: P130000 60959
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carla Thrower Name of Contact Person
Carla D. Thrower
3 NE 1st Street
Delray Beach FL 33444
Carla Zoro a bell south, net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carla Thrower at (561) 251-3998  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 Opy (Additional copy is enclosed) Certificate of Status Certificate Of Status Certificate Opy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Am	endment . , , , , , , , , , , , , , , , , , ,			
10	(1) [[F]			
Articles of Inco	15 OCT 12 Pil 4: 45			
( 1 T 7 "	10 00 12 11 3 40			
Laria 1. Loro	NICH CAH, PA			
(Name of Corporation as currently	filed with the Floridal Dept! of State) [ 144] A			
P130000 61	0959			
(Document Number of C	Corporation (if known)			
,	•			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to			
its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
Carla D Thrower	CPA $PA$			
name must be distinguishable and contain the word "corporation,				
"Corp.," "Inc.," or $Co$ .," or the designation "Corp.," "Inc.," or "Co	Co. A professional corporation name must contain the			
word "chartered," "professional association," or the abbreviation "F	P.A."			
	3 NE 1st Street			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5 10 5 60			
(Principal office address MOST BE A STREET ADDRESS)	Delray Beach I'L 33444			
,	,			
C. Enter new mailing address, if applicable:	- 154 Ab. 1			
(Mailing address MAY BE A POST OFFICE BOX)	3 NE 1st Street			
	Delran Beach FL 33444			
	Den and Deach, 10 33799			
	1			
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the			
new registered agent and/or the new registered office address:	اسيسا			
Name of New Registered Agent Carla I	). I hrower			
2117 W Charshie Circle				
(Florida street address)				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<b>6080</b> .	Carla D. Throw	er 247 W. Chrystie G
Add	Preside	nt	Delray Beach
Remove			FL 33484
2) Change		A residence of the control of the co	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	
Ramove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other	er than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.	sted as the
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)	
☐ 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 10 5 15	
Signature Carla D. Shrower	
(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	
appointed fiduciary by that fiduciary)	
Carla D. Thrower	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	