P13000078706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200262288072

10/02/14--01003--007 **35.00

14 OCT -2 PH 3: 43

OCT 10 2014 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DN: THE PROFI P1300007870	ESSIONALS OF 6	FLORIDA CORP
The enclosed Articles of An	nendment and fee are sul	omitted for filing.	
Please return all corresponde	ence concerning this mat	ter to the following:	
AN	GEL DIEZ		
		Name of Contact Persor	
DB	S DIEZ BUSIN	IESS SERVICE	S INC
		Firm/ Company	
412	25 W WATERS	SAVE	
		Address	
TA	MPA, FL 3361	4	
		City/ State and Zip Code	2
DBS.1	0@VERIZON.	NET	
		ed for future annual report	notification)
For further information cond	erning this matter, pleas	e call:	
ANGEL DIEZ		_{at (} 813	871-1816
Name of Cor	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the t	following amount made p	payable to the Florida Depa	artment 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		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE	PROFESSIONAL	S OF FLORIDA	CORP

if known)		
Florida Profit Corporation	adopts the following amendment(s) to	
BURNER ATA SA	The new	
"Co". A professional corp	rporated" or the abbreviation oration name must contain the	
124 COCONUT KEY BEACH LANE		
DELRAY BEACH, FL 33484		
	on," "company," or "inco "Co". A professional corp "P.A." 124 COCONUT KE	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

RODRIGUES DE CARVALHO LEDA NAIR Name of New Registered Agent (Florida street address) 124 COCONUT KEY LANE, DELRAY BEACH New Registered Office Address: (Zip Code) (City)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 <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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	ALEX M CARVALHO	
X Remove				
2) Change	SEC	2	RAFAEL COSTA	
Add X Remove				
3) Change	SEC	<u> </u>	GABRIEL REZENDE	
X Remove				
4) Change	<u>P</u>	_	LEDA NAIR RODRIGUES DE CARVALHO	124 COCONUT KEY LANE
X Add Remove				DELRAYBEACH, FL 33484
5) Change		_		
Add Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
- 					
				 	·
	_				
					<u></u>
					
					
If an amendn provisions f	nent provides for an exc or implementing the am	:hange, reclassific	<u>cation, or cancel</u> ontained in the a	lation of issued shamendment itself:	iares,
(if not a	pplicable, indicate N/A)				
			···········		
					
				 	
	<u> </u>		***		
			-		

The date of each amendment(s) adoption: 09/13/2014	, if other than th
date this document was signed.	09/13/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re 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):	
•	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	9-13.14	
Signature	9-13.14 alyu: C:	
	y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
up)	ALEX M CARVALHO	
•	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	