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SECRETARY OF STATE

APPROVE



COVER LETTER

TO: Amendment Sect Division of Corpo			
	RATION: NELSON S		
DOCUMENT NUME	_{BER:} P1300008159	95	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	NELSON SAYEO	SH	
	- · · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	NELSON SAYE	SH P.A	
,		Firm/ Company	
	426 SW 8 ST UN	IIT 5	
		Address	
	MIAMI FL 33130		
		City/ State and Zip Code	•
NS	AYEGH@SAYGF	ROUPDEVELOP	ERS.COM
		sed for future annual report	
For further information	n concerning this matter, pleas	se call:	
NELSON SAYEGH		a _{at} 305	, 856-3262
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following 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



NELSON SAYEGH P.A

(Name of Corporation as currently filed with the Florida Dept. of State)

ment(s) to

P13000081595			
(Document Number	er of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Flo	orida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new name of the	ne corporation:		
	_		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpora	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
(Trincipul office address MOST BE A STREET	ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>(BOX</u>)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, enter the nar	ne of the
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, Florida	
New Registered Office Address.	(City)	, 1 lorida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		n and accept the obligation	s of the position.
Signature	of New Registered Age	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 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)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	MM	_	Michael Paul Brownell	1200 S PINE ISLAND RD
Add				# 600
Remove				PLANTATION, FL 33324
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		<u> </u>		
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<u>-</u>
	

13 NOV -5 if other than the PM 12: 51 The date of each amendment(s) adoption: date this document was signed. SECRETARY OF STATE ALLAHASSEE, FLORIDA 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) 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 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 appointed fiduciary by that fiduciary) Nelson Sayery (Typed or printed name of person signing)

President