P14000011602

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corp			
NAME OF CORPO	RATION: DEBRA MAR	RA HOME CONCI	EIRGE, INC.
DOCUMENT NUM	D440000440	602	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	DEBRA BRYA	N	
		Name of Contact Person	1
	7/00	Firm/ Company	
	15663 CYPRE	SS PARK DR	IVE
	WELLINGTON	Address	
•	VELLINGTON	City/ State and Zip Code	
ACTONYONE@GMAIL.COM			
710		ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
	-		0.40,0040
DEBRA BE		_{at (} 561	_, 843-0219
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment 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			Address
Amendment Section Division of Corporations			lment Section on of Corporations
P.O. Box 6327 Clifton Building			
Tal	lahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

DEBRA MARA HOME CONCIERGE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	-
P14000011602	
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 FC 19 84 1
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:	
Name of New Registered Agent BRYAN, DEBRA	
15663 CYPRESS PARK DRIVE	
New Registered Office Address: WELLINGTON, Florida 33414	_
(City) (Zip Code)	
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	<u>PT</u> <u>Joh</u>	<u>nn Doc</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARA, DEBRA	15663 CYPRESS PARK DI
Add			WELLINGTON, FL 33414
Remove			
2) Change	Р	BRYAN, DEBRA	15663 CYPRESS PARK DE
. 🖊 Add			WELLINGTON, FL 33414
		,	
Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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		-		
an amendment provides for an excl	hange, reclassific	ation, or cancellat	ion of issued sh	ares,
provisions for implementing the ame (if not applicable, indicate N/A)	enament it not co	niained in the am	enament usen:	
(y not approudic, marcule 1771)				
				
	-			
	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>		

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop . action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 02/10/201	14	
Signature X 1	Debu Ber	— <u>-</u>
selected,	ector, president or other officer (i) directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
С	DEBRA BRYAN	
	(Typed or printed name of person signing)	
F	PRESIDENT	
_	(Title of person signing)	