## P14000012297

(Requestor's Name)
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PICK-UP WAIT MAIL
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FILED SECRETARY OF STATE INVISION OF CORPORATIONS

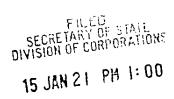
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## **COVER LETTER**

TO: Amendment Sect Division of Corp							
NAME OF CORPOR	RATION: Barbara F	Ramirez PA					
DOCUMENT NUM	BER: P140000122	291					
The enclosed Articles	of Amendment and fee are sul	omitted for filing.					
Please return all corre	Please return all correspondence concerning this matter to the following:						
	Barbara Murad						
		Name of Contact Person	l .				
	Firm/ Company						
	3610 Yacht Clu						
	Aventura FI 33	Address					
	Aventura Fr 33						
	Çity/ State and Zip Code						
barbara@vrsfl.com							
	E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call:							
Barbara Murad		.954	471-1646				
	of Contact Person	at ( Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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)				
	iling Address	Street Address					
	endment Section vision of Corporations		Iment Section on of Corporations				
	D. Box 6327	Clifton Building					
Tal	lahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



Barbara Ramirez PA	
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
P14000012297	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
Barbara Murad PA	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev.	The new poration," "company," or "incorporated" or the abbreviation to "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	3610 Yacht Club Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Apt TS-07
	Aventura FI 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent Barbara Mur	rad
3610 yacht (	Club Dr Apt TS-07
(Flo	orida street address)
New Registered Office Address: Aventura	, Florida 33180
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	

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>	John Doe			
X Remove	<u>v</u>	Mike Jone	<u>es</u>		,
X Add	<u>sv</u>	Sally Smi	t <u>h</u>		
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>		<u>Addres</u> s
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Add				٠.	
Remove					
2) Change				-	
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## FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	15 JAN 2   PM  : 0	
Effective date if applicable:		
(no mo	ore than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK O	<u>NE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareho must be separately provided for each voting group e	olders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by(voting grou	***	
(voting grou	<i>4p)</i>	
The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder	
Dated 01 13 12015	-A	·
Signature Signature	γ!	_ <del>_</del> _
	other officer - if directors or officers have not been r - if in the hands of a receiver, trustee, or other court fiduciary)	
\	IRBAZA MURAD	
	Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	