P14000013283

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COVERLETTER

NAME OF CORPORATION: MILENA DIANA LAMBIE, P.A.

DOCUMENT NUMBER: P14000013283

The enclosed Articles of Amendment and the are submitted for filing.

TO: Amendment Section

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILENA DIANA LAMBIE

Name of Contact Person

MILENA DIANA LAMBIE, P.A.

Pirm/ Company

7425 CONROY WINDERMERE RD

Address

ORLANDO, FLORIDA 32835

City/ State and Zip Code

dianalambie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

MILENA D. LAMBIE

_{ut 1} 248

912-2111

Name of Contact Person

Area Code & Daytime Telephone Number

finclosed is a check for the following amount made payable to the Florida Department of State:

35 Viling Fee

□\$43.75 Filling Fee & Certificate of States

□\$43.75 Fiting 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

MILENA DIANA LAMBIE, P.A.

(Name of Corporation as currently file	d with the Florida Dept. of S	itate)	
P14000013283			
(Document Number of C	orporation (if known)	·	
Pursuant to the provisions of section 607,1006, Florida: its Articles of Incorporation:	Stututes, this Florida Profit Co	urporation adopts the follow	ing umendment(s) to
A. If amending name, enter the new name of the cor			
MILENA DIANA LAMBIE, D.O., P	. A .		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"Inc," or "Co". A professi	or "incorporated" or the ional corporation name mus	abbreviation t contain the
	, , , , , , , , , , , , , , , , , , , ,	N/A	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>	(ESS)	1 477 1	
C. Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·		-
	 		
	<u> </u>		
D. If amending the registered agent and/or registere	d office address in Florida, e	enter the name of the	
new registered agent and/or the new registered o	ffice address:		
Name of New Registered Agent	N/A		
		-	
	(Florida street address)		
New Registered Office Address:		lFlorida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered agent.	um familiar with and accept t	he obligations of the position	n.
Signature of New	v Registered Agent, if changing	g	

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: 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, Salty 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. Kxample: X Change Ľ John Doc X Remove ¥ Mike Jones _X ∧₫Ц <u>87</u> Sally Smith Type of Action Title Name Address (Check One) N/A Change Add Remove Change Λdd Remove Change Λιkl Remuve Change Add Remove Change ۸dd Remove Change Add Remove

Page 2 of 4

	(Be specific)	
	N/A	
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If an amendment provides for an exc	nuage, rechasification, or cancellation of is:	tiled shares.
provisions for implementing the arm	nage, reclassification, or cancellation of is:	ued shares. itself:
If an amendment provides for an exc provisions for implementing the ana (if not applicable, indicate N/A)	names, reclassification, or cancellation of is: andment if not contained in the amendment	med shares. ilself:
provisions for implementing the arm	nage, reclassification, or cancellation of is andment if not contained in the amendment	sied shares. ilself:
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provisions for implementing the arm	N/A	nied shares. itself:

The date of each amendment(s) ad date this document was signed.	option:	If other than the
Effective date if applicable:		
Exterior date it apparents.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) (ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sulficient for approval	
by	(voling group)	
	(voling group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
X Dated	3. 14	
Signature(By a d	ispetor, president or other college — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court	
appoint	and fiduciary by that fiduciary)	
	MILENA DIANA LAMBIE DO.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	