D14000057346

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	> #)		
PICK-UP	W AIT	MAIL.		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations AVENUE REFERRALS, IUC. NAME OF CORPORATION: P14000057346 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BUS SARIDIS

Name of Contact Person AVENUE REFERRALS, INC.
Firm/ Company 504 E. ATLANTIC ANE. SUITE# 210
Address DELRAY BEACH FL 33483

City/ State and Zip Code FLORIBAMANS/ONS@6MAIL.COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 305 - 5051

Area Code & Daytime Telephone Number GUS SARIDIS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

 \mathbf{of}

FILED

AVENUE REFERRALS	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P14000057346	OF LAND LAND OF STREET
(Document Number of Corporation (if	known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	NA The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	10/1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1.1
	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	(*)
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	
M CM D 1 LL	
Name of New Registered Agent	1
Name of New Registered Agent (Florida str	ed address)
	o didress), Florida(Zip Code)

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	PT Johr	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	JESSICA DANN	SOY E. ATLANTIC AVE
Add			SUIT # 210
X Remove			DELRAY BEACH, FL 33483
2) Change	● P	GUS SARIDIS	SOY E. ATLANTIC AVE
Add			SUITE #210
Remove			DELPAY BEACH, FL 33483
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an excl 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:
	NA
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The date of each amendment(s) adoption: $\frac{7}{7}/14$, if other than the
date this document was signed. Effective date if applicable: 7/1/1/4	
Effective date if applicable: 71/14 (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 of 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)	_
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	