

P14000097881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6663-



000320783880

11/26/18--01028--006 **35.00

FILED

2019 JAN 29 PM 3:27

SECTION OF STATE
TALLAHASSEE, FL

C. GOLDEN

FEB - 4 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jorge Byron Lopez PA
DOCUMENT NUMBER: P 140000 97 881

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

Please return all correspondence concerning this matter to the following:

Paula Connor EA
Name of Contact Person
Your Tax Boutique® LLC
Firm/ Company
P.O. BOX 146
Address
Estero FL 33929
City/ State and Zip Code
paula@yourtaxboutique.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Connor at (239) 220-5353
Name of Contact Person Area Code & 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

BYRON LOPEZ
1591 HAYLEY LANE
SUITE 101
FORT MYERS, FL 33907

SUBJECT: JORGE BYRON LOPEZ, P.A.
Ref. Number: P14000097881

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please specify which article number and/or article title you are amending, adding, or deleting.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 718A00024867

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JAN 29 PM 12:50

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

FILED

Jorge Byron Lopez PA

2019 JAN 29 PM 3:27

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

P14000097881

FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1591 Hayley Lane # 101
Fort Myers FL 33907

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Paula Connor EA

1591 Hayley Lane # 101

(Florida street address)

New Registered Office Address:

Fort Myers

(City)

Florida

33907

(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.

Paula Connor
Signature of New Registered Agent, if changing

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

amended Registered agent From
- Jorge Byron Lopez to Paula Connor

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

reclassification of a domestic
profit to an S Corporation
entity

The date of each amendment(s) adoption: NOV 20 2018, if other than the date this document was signed.

Effective date if applicable: NOV 20 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

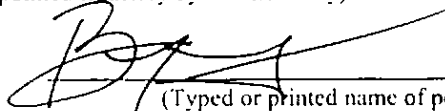
by _____."
(voting group)

☐ 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 NOV 20 2018

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)



(Typed or printed name of person signing)

President.

JORGE BYRON LOPEZ

(Title of person signing)