## P1500000 1530

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Amend

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: WIESLAW TARNACHOWICZ P.A.
DOCUMENT NUMBER: P 150 Q 000 1530
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  WIESLAW TARNACHOWICZ, P.A.  Firm/Company  WOI LIBIS POINT CLOSE  Address  Address  City/State and Zip Code  FRANK. WT 55 & GNAL, COM.  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WIESANTARNACHONICS at 646, 996 6450
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## WIESLAW TARNACHOWICZ, PA

(Name of Corporation as curred P150006	ntly filed with the Florida Dept. of State)
<del></del>	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	" "Co": A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	2017
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.
	t.
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	$\underline{v}$	Mike Jones						
X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	Title	<u>Nan</u>	<u>ne</u>		<u>A</u>	<u>ddres</u> s		,
T) Change	CEC	<u>) Ma</u>	RIOLA	TARNA CHOL	11CZ	4101	IBIS PO	INT GROOT
X Add						BOCA RA	on, fi.3	5343 \
Remove								<del>-</del>
2) Change					_			_
Add						<u> </u>		_
Remove						<u></u>	<u> </u>	_
3) Change								
Add								_
Remove					_		·	_
4) Change								_
Add								<u> </u>
Remove								<del></del>
5) Change		_						<u>.</u>
Add								
Remove					_			_
6) Change	<del></del>	<del></del>						
Add								
Remove								

Attach additional sheets, if necessary).	(Re specific)	1.	
•		NIA	
	<del></del>	<del></del>	
		<del></del>	
<u>f an amendment provides for an excl</u>	nange, reclassification, or c	ancellation of issued shar	es,
provisions for implementing the amo (if not applicable, indicate N/A)	<u>indment if not contained in </u>	the amendment itself:	
(ij noi applicable, indicale N/A)	. 0	_	
	N/A		
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The date of each amendment(s) adopti	on:	11	1201 F	if other than the
date this document was signed.		/	1	
	11	11	12017	
ffective date <u>if applicable</u> :	(vo move than 00 d		er amendment file date)	
	(no more than 90 ac	iys ajie	er amenameni jile aale)	
Note: If the date inserted in this block ocument's effective date on the Departn		e statu	tory filing requirements	i, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient		mber o	f votes cast for the amer	ndment(s)
The amendment(s) was/were approved must be separately provided for each				
"The number of votes cast for th	e amendment(s) was/were su	ıfficien	t for approval	
hv				
ъ́у	(voting group)	····	·	
selected, by		shareh	older action and shareh	not been
	WIESLAW TARK	JAC	SIMONE	
<del></del>	(Typed or printed nam	e of po	erson signing)	
	~ 1			
	DIRECTO	) <u>Q</u>		
<del></del>	(Title of p	erson s	igning)	