P15000013572

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C. CARROTHICA

COVER LETTER

TO: Amendment Section

Division of Corpo	orations			
NAME OF CORPOR	AATION: MARIA P. I	DIAZ, DVM INC		
	_{ER:} P1500001357			
	of Amendment and fee are su			
	•			
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIA P DIAZ			
	Name of Contact Person			
-	Firm/ Company			
	601 NE 23RD ST APT 1403			
	Address			
	MIAMI, FL 33137			
		City/ State and Zip Cod	е	
mai	ripilidiaz@gmail.c			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MARIA P DIA	ΛZ	at (787	717-1980	
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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		

Articles of Amendment to Articles of Incorporation of

MARIA P. DIAZ, DVM IN	IC.			
(Name of Corporation as	currently filed with the Flo	orida Dept, of State)	· · · · · · · · · · · · · · · · · · ·	
P15000013572				
(Documer	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendmen	t(s) to
A. If amending name, enter the new na	me of the corporation:			
MARIA P. DIAZ, DVM P.	Α		The new	
name must be distinguishable and con: "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	l" or the abbreviation	
		 N/A	三三三 元	
B. Enter new principal office address, (Principal office address MUST BE A ST	<u>if applicable:</u> TREET ADDRESS)			r sin
	, , , , , , , , , , , , , , , , , , ,			
				ر اور و اور اور و اور
C. Enter new mailing address, if applications (Mailing address MAY BE A POST)		N/A	# 6 5 3	Sand?
D. If amending the registered agent an		ess in Florida, enter the name of		
new registered agent and/or the nev				
Name of New Registered Agent	N/A			
	(Florida stree	et aaaress)		
New Registered Office Address:	(Citv)	, Florida	Zip Code)	
	(Cuy)	12	ωρ σομέ)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of th	ie position.	
	onature of New Registered As			
.510	PRAINTE OF NEW KERISTERA AG	veni ii changino		

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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u>N/A</u>	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Α	dditional sheets, if necessary). (Be specific)	
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		<u> </u>
If an ame	endment provides for an exchange, reclassification, or cancellation of issued shares,	, (41144
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
provisio (if n	ons for implementing the amendment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 02/17/2015	
(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 last for the amendment(s) was/were sufficient for approval by	
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 02/17/15	
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)	_
MARIA P DIAZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	