

P150000 171 70

(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



500299404545✓

05/24/17--01020--005 \*\*52.50

S. TALLENT

JUN 28 2017

*Amend*

FILED  
17 JUN 27 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2017

TINA L CARTER  
FDA REMEDIATION SERVICES, INC.  
11956 N LAKE DRIVE  
BOYNTON BEACH, FL 33436

SUBJECT: FDA REMEDIATION SERVICES, INC.  
Ref. Number: P15000017170

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes to a Florida profit corporation.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 617A00010886

17 JUN 27 PM 12:19

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FDA REMEDIATION SERVICES, INC

**DOCUMENT NUMBER:** P15000017170

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

Please return all correspondence concerning this matter to the following:

TINA SAMMARCO CARTER

Name of Contact Person

NOT APPLICABLE

Firm/ Company

11956 N LAKE DRIVE

Address

BOYNTON BEACH, FLORIDA 33436

City/ State and Zip Code

AJCCARDONA@GMAIL.COM

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

For further information concerning this matter, please call:

ALFREDO CARDONA

at ( 954 )

554-3836

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FDA REMEDIATION SERVICES, INC.

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

P15000017170

(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**)

6190 WOODLANDS BLVD

#206

TAMARAC, FLORIDA 33319

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS ABOVE

**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

as listed on site (sunbiz)

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.

not applicable

Signature of New Registered Agent, if changing

FILED  
17 JUN 27 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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      John Doe

X Remove                    V        Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>TINA L SAMMARCO CARTER</u>	<u>11956 N LAKE DRIVE</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>33436</u>
2) <input type="checkbox"/> Change	<u>S, T</u>	<u>TINA L SAMMARCO CARTER</u>	<u>160 NW 16TH STREET</u>
<input type="checkbox"/> Add			<u>BOCA RATON, FLORIDA</u>
<input checked="" type="checkbox"/> Remove			<u>33432</u>
3) <input type="checkbox"/> Change	<u>P, S, T</u>	<u>ALFREDO CARDONA</u>	<u>6190 WOODLANDS</u>
<input checked="" type="checkbox"/> Add			<u>206</u>
<input type="checkbox"/> Remove			<u>TAMARAC, FLORIDA 33319</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

provisions for implementing the amendment if not contained in the amendment itself:

---

---

---

---

---

---

The date of each amendment(s) adoption: MAY 23, 2017, if other than the date this document was signed.

Effective date if applicable: MAY 23, 2017  
(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 19 June 2017

Signature Tina L. Sammarco-Carter

(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)

TINA L. Sammarco-Carter  
(Typed or printed name of person signing)

President

(Title of person signing)