# P15000043239

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# **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: ALEX CASTRO, P.A. P15000043239 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALESSANDRO CASTRO P.A. 9281 NW 45Th 5T.
Address SUNAISE FL, 33351
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 793 - 7523

Area Code & Daytime Telephone Number ALEX CASTRO Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

# **Articles of Amendment** Articles of Incorporation

ALEX CASTRO, P.A.

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

7150000 43	239	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
ALESSANDRO CASTRO,	P. A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	n," "company," or "incorpor Co". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<b>3</b> JUL 15
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		e of the
Name of New Registered Agent		
		·
(Florida stre	eet address)	<del></del>
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 w		of the position.
Signature of Nov. D	agistavad Agant if ahanging	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1)Change		_	-	
Add			•	
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
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4) Change		<del>-</del>		
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Remove				
5) Change		_		
Add				
Remove				
0 0				
6) Change	,	-	The second of th	
Add				- In the second
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
e		
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		······································

The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
Effective date if applicable:	5/13/2015	
,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this dat t of State's records.	e will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	)
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
(	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	:
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	11115	
	And the second	
Signature	resident or other officer - if directors or officers have not been	<del></del>
	incorporator – if in the hands of a receiver, trustee, or other court	
	iary by that fiduciary)	
	ALESSANDRO CASTRO	
	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	