## P15D000009902

(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



700303302977

700909302977 ng/ng/17-01026-012 \*\*43.75



Mama cha Cus

SEP 19 2017
I ALBRITTON

e 🐠

COVERLETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Corpor		P <b>A</b>					
NAME OF CORPORATION: Amy Ruff Team , PA  DOCUMENT NUMBER: P15000069962							
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.					
Picase return all corresp	ondence concerning this ma	tter to the following:					
		Amy Ruff					
_	Name of Contact Person						
_	Firm/ Company						
_		Address					
	7764 Islv	vood Ct, Sanford, FL 3277	<u> </u>				
_		City/ State and Zip Cod	e				
	AmyRadfar@ao	l.com					
	E-mail address; (to be us	sed for future annual report	notification)				
For further information	concerning this matter, please	se call:					
Amy Rutf		407 at (	766-9901				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Dept	artment 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		Ameno Divisio	Address dment Section on of Corporations a Building				

2661 Executive Center Circle

Tallahassee, FL 32301



September 7, 2017

AMY RUFF 7764 ISLWOOD CT SANFORD, FL 32771

SUBJECT: AMY RUFF TEAM PA Ref. Number: P15000069962

We have received your document for AMY RUFF TEAM PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation can not be named an officer/director.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 117A00018477

Irene Albritton Regulatory Specialist II

www.sunbiz.org

District of Communities D.O. DOV 0297 Mallabases Elevida 2021

## Articles of Amendment to' Articles of Incorporation of

.

e Florida Dept. of State)	_
fknown)	_
Corporation adopts the following amendment(s) t	to
The new	
" or "incorporated" or the abbreviation ssional corporation name must contain the	
SEP 19	ロニエ
enter the name of the	
<u></u>	
Florida	
(Zip Code)	
the obligations of the position.	
	The new or "incorporated" or the abbreviation is signal corporation name must contain the enter the name of the

## 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 Doc	
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
l) Change		_	
Add			
Remove .			
2) Change		<del>.</del>	·
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			·
Remove			
6) Change			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	and a least Section of a consultation of insued change
f an amendment provides for an exch provisions for implementing the ame:	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	name, recrassification, or cantenation or issued states, adment if not contained in the amendment itself:
provisions for implementing the amer	name, reclassification, or cancemblum or issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	name, reclassification, or cantenation of issued shares,  indment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	name, reclassification, or cantenation of issued shares,  indment if not contained in the amendment itself:
provisions for implementing the amer	name, reclassification, or cancemanum or issued shares, indirect if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	name, recrassification, or cancemanion or issued shares, indiment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	name, reclassification, or cancembon or issued shares, indiment if not contained in the amendment itself:

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	`.	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	he shareholders. The number of votes cast for the amendor approval.	dment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment	
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval	
by	voting group)	
()	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and sha	veholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareho	ilder
Dated8/2.8	3/17	
Signature	- Rh	
	resident or other officer - if directors or officers have no	ot been
selected, by an in	ncorporator - if in the hands of a receiver, trustee, or other	ner court
appointed fiducia	ary by that fiduciary)	
	Amy Roff	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	