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COVER-LETTER

Division of Corporations					
NAME OF CORPORATION: Vickie Arcuri, P.A. DOCUMENT NUMBER: 1500010366					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Mark I Ingber Name of Contact Person Mark I Ingber CPA PA Firm/Company 10100 West Sample Road Suite 331					
Address Coral Socials FL 33065 City/ State and Zip Code MARK CHA MY ACC NET E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Mork J. Magber at 954, 510-0109					
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					

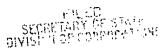
TO: Amendment Section

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



Vickie trovi P.t.	15 SEP 14 PH 3: 46
(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000070366_	
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
Esther Victoria A	rcuri P.A. The new
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
	4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
Signat	ure 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove			•	
2) Change		_		
Add				
Remove				
3) Change			·····	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	•	_	·	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
F. <u>If ar</u> pro	If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	ued shares, itself:		

DocuSign Envelope ID: 562CA06F-55D1-4B69-B32B-684F2D695FD6 The date of each amendment(s) adoption: DIVISION OF COMPRESSIONS date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) 15 SEP 14 PH 3: 46 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 (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. 9/10/2015 | 1:43 PM ET Esther Victoria Arcuri 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) (Typed or printed name of person signing) Esther Victoria Arcuri