P5000090218

(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



900306895919

12/22/17--01012--001 ++35.00

DEC 2 6 2017



COVER LETTER

TO: Amendment Section **Division of Corporations** ard Roman-Daniello PTA, CMT, PA **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) 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

(Name of Corporation as current	ly filed with the Florida Dept. of State
P150000 90	228
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NOT Applicable	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	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/4 122
D. If amending the registered agent and/or registered office add	Tress in Florida, enter the name of the
new registered agent and/or the new registered office address	SS:
Name of New Registered Agent	
——————————————————————————————————————	treet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.
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.

Example: X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
X Add	SV Sally	<u>Smith</u>		وومدادا د
Type of Action (Check One)	<u>Title</u>	<u>Namę</u>	<u>Addres</u> s	New Address 19 NE 5th Trenew land Park, F1.33334
1) X Change	PUTD	Cool Roman-	-Daviello 56	19 NE 5th Renau
Add			Caf	land Park, 11.33334
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or Attach addition	adding additional sheets, if necess	al Articles, ente sary). (Be spe	er change(s) he ecific)	re:		
- 1/		•				
	ρ					
· .						
		<u>.</u>				
						
						<u> </u>
					<u> </u>	
						
					. <u>.</u>	
						
		· <u></u>				
					<u> </u>	
If an amendm	ent provides for a r implementing t	an exchange, re he amendment	classification.	or cancellation of d in the amenda	of issued shares, nent itself:	
(if pot ap)	plicable, indicate	N/A)				
MA						
. 1.						
	<u> </u>		 			
		<u></u>				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	<u> </u>
(no more than 90 days after amenament five date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
Signature (By a director, president of other officer - if directors of officers have not been	1
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
Col Roman-Janello	
(Typed or printed name of person signing)	
Carol Roman-Danrella PTA, LMT	PA (PVTO)
(Title of person signing)	· -