P15000096640

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

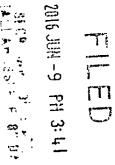




400285895014

06/10/16--01002--005 **10.00

05/24/16--01025--026 **25.00



Amend

JUN 1 0 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MONICA LEINE	WEBER, PA	<u></u>
DOCUMENT NUMBER: P15000096640		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MONICA LEINEWEBER		
	Name of Contact Person	1
MONICA LEINEWEBER, P		•
	Firm/ Company	
13208 NW 10 LN		
	Address	
MIAMI, FL 33182		
	City/ State and Zip Cod	e
MONILEINE@GMAIL.COM		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
MONICA LEINEWBEBER	at (³⁰⁵	310-7774
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301



May 26, 2016

MONICA LEINEWBER 13208 NW 10 LANE MIAMI, FL 33182

SUBJECT: MONICA LEINEWEBER, PA Ref. Number: P15000096640

We have received your document for MONICA LEINEWEBER, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

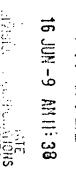
There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 216A00011148



Articles of Amendment to Articles of Incorporation of

	01	
MONICA LEINEWEBER, PA		
(Name	of Corporation as currently filed with the Flor	ida Dept. of State)
P15000096640		
	(Document Number of Corporation (if known	wn)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corpo	pration adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associans. B. Enter new principal office address. (Principal office address MUST BE A.S.)	if applicable:	"incorporated" or the abbreviation l corporation name must contain the
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	20 5 July 1
new registered agent and/or the ne	nd/or registered office address in Florida, enter w registered office address: ENTERPRISE RESOURCE PLANNING INC	r the name of the
Name of New Registered Agent		
	1000 NW 57TH CT, STE 1040 (Florida street address)	
	(Fioriaa sireei aaaress)	22126
	MIAMI	33126
New Registered Office Address:	MIAMI	. Florida 33126

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	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_		 	-	
Add					-	
Remove					-	
2) Change		_		 	_	
Add					_	
Remove					-	
3) Change		<u> </u>		 	_	
Add					_	
Remove					-	
4) Change		_				
Add	-				_	
Remove					-	
5) Change						
Add					-	
Remove					-	
_					-	
6) Change				 	_	
Add					_	
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
40.40.1	<u> </u>
· · · Mal-ii	
	
f an amandmant provides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
, No. 1	

	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)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/26/20 Dated		
Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MONICA LEINEWEBER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	