## P1600007869>

| (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: |  |  |  |
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Office Use Only



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TO: Amendment Section **Division of Corporations** 

| NAME OF CORPOR   | Neda Ghomeshi, F                            | A.   |  |
|--|---|--|--|
| DOCUMENT NUMB  | P16000078692                                |  |  |
| The enclosed Articles of   | f Amendment and fee are su                  | bmitted for filing.  |  |
| Please return all corresp  | oondence concerning this ma                 | tter to the following:   |  |
| ]  | Neda Ghomeshi                               |  |  |
| _  |   | Name of Contact Person   | n  |
| j  | Hunter Taubman Fischer & L                  |  | •  |
| -  |   | Firm/ Company  |  |
| :  | 255 University Drive                        |  |  |
| -  | · · · · · ·                                 | Address  |  |
| -  | Coral Gables, FL 33134                      |  |  |
|  |   | City/ State and Zip Cod  | e  |
| nedagl   | nomeshi@gmail.com                           |  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |
|  | `   | •  | ,  |
| For further information  | concerning this matter, pleas               | se call:   |  |
| Mansour Ghomeshi   |   | 954<br>at (  | 325-4023   |
| Name of  | f Contact Person                            | Area Code & Daytime Telephone Number                               |  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | 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 Tallahassee, FL 32314 |   | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Neda Ghomeshi, P.A.  |  |   |
|--|--|---|
| (Name of Corporation as curr<br>P16000078692   | rently filed with the Florida Dept. of S | State)  |
|  | 0.00                                     |   |
| (Document Numb   | per of Corporation (if known)            |   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:   | this Florida Profit Corporation adopts   | the following amendment(s)  |
| A. If amending name, enter the new name of the corporation   | <u>ı:</u>                                |   |
| N/A  |  | The new   |
| name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati  | or "Co". A professional corporation      | d" or the abbreviation  |
| B. Enter new principal office address, if applicable:  | N/A                                      |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |   |
|  |  | 1000  |
|  |  | <b>\tilde{\t</b> |
| C. Enter new mailing address, if applicable:   | N/A                                      | 8 <b>8</b>  |
| (Mailing address MAY BE A POST OFFICE BOX)   | IVA                                      | 3   |
|  |  | F.S. 3  |
|  |  | A A   |
|  |  | <u> </u>  |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add   |  | the   |
| N/A <u>Name of New Registered Agent</u>  |  |   |
|  |  |   |
| (Floria  | la street address)                       | <del></del>   |
| New Registered Office Address:   | . Flo                                    | rida  |
| The state of the s | (City)                                   | (Zip Code)  |
|  |  |   |
|  |  |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiary   |  | ha nacition   |
| т петеоу ассері іне арронитені аз тедіметей адені. Тат зати  | tar with and accept the obligations of t | ne position.  |
|  |  |   |
|  |  |   |
| Signature of N   | ew 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 Jones  |                                       |                        |
| X Add                      | <u>sv</u>    | Sally Sn    | <u>nith</u>                           |                        |
| Type of Action (Check One) | <u>Title</u> |             | Name                                  | Address                |
| 1) Change                  | P            |             | Neda Ghomeshi                         | 255 University Drive   |
| X Add                      |              |             |                                       | Coral Gables, FL 33134 |
| Remove                     |              |             |                                       |                        |
| 2) Change                  |              | _           | <u> </u>                              |                        |
| Add                        |              |             |                                       |                        |
| Remove                     |              |             |                                       |                        |
| 3) Change                  |              | _           |                                       |                        |
| Add                        |              |             |                                       |                        |
| Remove                     |              |             |                                       |                        |
| 4) Change                  |              | _           |                                       |                        |
| Add                        |              |             |                                       |                        |
| Remove                     |              |             |                                       |                        |
| 5) Change                  |              |             |                                       |                        |
| Add                        |              | _           |                                       |                        |
| Remove                     |              |             |                                       |                        |
| - Admitted                 |              |             |                                       |                        |
| 6) Change                  |              | <del></del> | · · · · · · · · · · · · · · · · · · · |                        |
| Add                        |              |             |                                       |                        |
| Remove                     |              |             |                                       |                        |

|                                      | (Be specific)  |
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| /A                                   |  |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares  |
| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
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| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and and an analysis |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and and an  |
| provisions for implementing the amer | nange, reclassification, or cancellation of issued shares, and and amendment itself:   |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)    | nange, reclassification, or cancellation of issued shares, and and an  |

| The date of each amendment(s) adoption:   | , if other than the              |
|---|----------------------------------|
| date this document was signed.  |                                  |
| September 29, 2016  |                                  |
| Effective date if applicable:  (no more than 90 days after amendment file date)   |                                  |
| (no more than 30 days after amenament fite date)  |                                  |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.                              | s date 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.   | ent(s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s): | tement                           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                                  |
| by"   |                                  |
| (voting group)  |                                  |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.  | older                            |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.   | r                                |
| September 29, 2016  |                                  |
| Dated   |                                  |
| Signature Meda Chomesly   |                                  |
| (By a director, president or other officer - if directors or officers have not be   |                                  |
| 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)   |                                  |
| (Typed of printed name of person signing)   |                                  |
| Incorporator  |                                  |
| (Title of person signing)   |                                  |