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S TALLENT OCT 10 2017 FILED STORY

N/C



October 4, 2017

SHARLENE SLOOTSKY 2950 W. CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE, FL 33309

SUBJECT: SHARLENE SLOOTSKY PA

Ref. Number: P17000071714

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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: 517A00020113

Susan Tallent Regulatory Specialist II

www.sunbiz.org

To: Amendment Section, Division of Corporations

Name of Corpration - Sharlene Slootsky P.A.

Document Number - P17000071714

### To Whom It May Concern:

Today, on October 5, 2017, I learned that my application to amend the name of my corporation was rejected as I failed to complete the application in full.

Enclose please find a corrected application, hopefully filled out completely and correctly.

Thank you for your attention to this,

Sharlene Slootsky

2950 West Cypress Creek Road

Suite 300

Fort Lauderdale, FL 33309

#### **COVER LETTER**

TO: Amendment Section

**Division of Corporations** Sharlene Slootsky P17000071714 NAME OF CORPORATION: \_ 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: Sharkene Slootsky at (954) 816-6894

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 **■\$**43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

#### **Articles of Amendment**

to

## Articles of Incorporation of

· · ·	, , , , , , , , , , , , , , , , , , ,	
Sharle	ne Slootsly / A	
(Name of Corporation as o	currently filed with the Florida Dept. of St	<u>ate</u> )
P 170	000071714	
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the	he following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:	
Shav	lene Kosto P.A.	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co" or the designation "Corp.," "In word "chartered." "professional association," or the abbre	rporation," "company," or "incorporated" c," or "Co". A professional corporation n	or the abbreviation
B. Enter new principal office address, if applicable:	NA	an sh
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>`</u>	· 6
		<u> </u>
C. Enter new mailing address, if applicable:	.1	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
	·	18 - 18
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		<u>he</u>
Name of New Registered Agent	U/A-	
Name of New Registered Agent		<del></del>
	lorida street address)	<del></del>
(**	urrau sireer aaaressy	
New Registered Office Address:	, Flori	da(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent	
I hereby accept the appointment as registered agent. I am f		z position.
·		
Signature of	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 Doe	
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>	Address
1) Change		NA	
Add		r	
Remove			
2) Change			
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Attach additional sheets, if necessary)	
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an amendment provides for an exchrovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
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The date of each amendment(s) adoption:		SEpt 2	7 2017	, if other tha
date this document was signed.		- •		
Effective date if applicable:	Seo	7 29 6	1017	
	(no more than 9	0 days after o	mendment file date	)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of S		cable statutor	y filing requiremen	ts, this date will not be listed a
Adoption of Amendment(s) (CHI	ECK ONE)			
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		number of v	otes cast for the am	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amen				
by(voti	·		<b></b> .	
(voti	ing group)			
The amendment(s) was/were adopted by the baction was not required.  The amendment(s) was/were adopted by the i				
action was not required.				
Dated Sept S	19 2017			
	1	la stall	_	
Signature(By a director, presi	ident or other office	cer – if direct	ors or officers have	not been
selected, by an inco	orporator – if in th	e hands of a r	eceiver, trustee, or	other court
appointed fiduciary	by that fiduciary)	)		
5 ho	arleve	Sloots	on signing)	
	Typed or printed	name of pers	on signing)	
Ĩ	Presid	eNt		
	(Title	of person sig	ning)	