| •  |                            |
|--|----------------------------|
| PITOSAO                                      | 78652                      |
| (Requestor's Name)<br>(Address)<br>(Address) | 900310234699 <sup>~</sup>  |
| (City/State/Zip/Phone #)                     |                            |
| (Business Entity Name)<br>(Document Number)  | 03/13/1801006025 ★★35.00   |
| Certified Copies Certificates of Status      | S TALLENIT<br>APR 1 7 2018 |
|  | mendt 2000                 |
| Office Use Only                              | MU                         |

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2018

NINI MCARDLE

SUBJECT: LEYDELIS FLEITAS, PA Ref. Number: P17000078652

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 918A00006666

RECEIVED 18 APR 16 PH 2014 SECRETARY OF STATE ALLAHASSEE, PEOPLEY

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2018

**.**...

NINI MCARDLE LEYDELIS FLEITAS, P.A 2600 SW 27TH AVE APT 604 MIAMI, FL 33133

SUBJECT: LEYDELIS FLEITAS, PA Ref. Number: P17000078652

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 418A00005303

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

| NAME OF CORPOI          | RATION: Leydelis Flectas, P.A.                                     |   |
|-------------------------|--|---|
| DOCUMENT NUMI           | RATION: LLYDELIS FLUTAS, P.A<br>BER: PITODOD 78452                 |   |
|                         | of Amendment and fee are submitted for filing.                     |   |
| Please return all corre | spondence concerning this matter to the following:                 |   |
|                         | Nini McAidle   |   |
|                         | Name of Contact Person   |   |
|                         | Firm/ Company<br>400 S. FEDERAL HWY                                |   |
|                         | Address  |   |
|                         | HALLANDALE BEACH, FL 33009   |   |
|                         | City/ State and Zip Code   |   |
|                         | nini 488 eyahou. Com   | / |
|                         | E-mail address: (to be used for future annual report notification) |   |

For further information concerning this matter, please call:

Nini McArdle

Name of Contact Person

at (<u>305</u>) <u>403 2435</u> 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 & 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

Street Address Amendment Section

**Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

| to<br>Articles of Incor  | poration  |
|--|---|
| Lydelis Flutas, PA   |   |
| P17000078452   | filed with the Florida Dept. of State)                        |
| (Document Number of C  | Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl<br>its Articles of Incorporation:  | orida Profit Corporation adopts the following amendment(s) to |
| A. <u>If amending name, enter the new name of the corporation:</u><br>NINI MCAIdle, P.A  | The new   |
| name must be distinguishable and contain the word "corporation,<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co<br>word "chartered," "professional association," or the abbreviation "P. | ". A professional corporation name must contain the           |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )  | HALLANDALE BEACH, FL 33009                                    |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY <u>BE A POST OFFICE BOX</u> )   | 400 S. FEDERAL HWY  |
|  | HALLANDALE BEACH, FL 33009                                    |
|  |   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  | s in Florida, enter the name of the                           |
| Name of New Registered Agent NIMI McArd  |   |
| 400 S. FEDERAL HV<br>(Florida street<br>HALLANDALE BEAC<br><u>New Registered Office Address</u> :<br>(C  | address)  |

ć

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



## 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 = ChiefExecutive 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, Sully 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:** 

| <u>X</u> Change               | <u>PT</u>    | John Doe       |                 |
|-------------------------------|--------------|----------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jones     |                 |
| <u>X</u> Add                  | <u>sv</u>    | Sally Smith    |                 |
| Type of Action<br>(Check One) | <u>Title</u> | Name           | <u>Addres</u> s |
| 1) K Change                   | <u> </u>     | Ludelis Flutes |                 |
| Add                           |              |                |                 |
| Remove                        |              |                |                 |
| 2) Change                     | P            | Nini Matridie  |                 |
| V Add                         |              |                |                 |
| Remove                        |              |                |                 |
| 3 ) Change                    | <u> </u>     | <u> </u>       |                 |
| Add                           |              |                |                 |
| Remove                        |              |                |                 |
| 4) Change                     |              |                |                 |
| Add                           |              |                |                 |
| Remove                        |              |                |                 |
| 5) Change                     | . <u> </u>   |                |                 |
| Add                           |              |                |                 |
| Remove                        |              |                |                 |
| 6) Change                     | <u> </u>     | <u> </u>       |                 |
| Add                           |              |                | <u> </u>        |
| Remove                        |              |                |                 |

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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| The date of each amendment<br>date this document was signed.                 |  | , if other the second sec |
|--|--|---|
| · ·  |  |   |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file dat   | <br>e)  |
|  | his block does not meet the applicable statutory filing requirement<br>the Department of State's records.  | nts, this date will not be listed   |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| The amendment(s) was/wer<br>by the shareholders was/we                       | e adopted by the shareholders. The number of votes cast for the an re sufficient for approval.   | nendment(s)   |
|  | e approved by the shareholders through voting groups. The following difference of the shareholders through voting group entitled to vote separately on the amendment |   |
| "The number of votes   | cast for the amendment(s) was/were sufficient for approval   |   |
| by   | (voting group)   |   |
|  | (voting group)   |   |
| action was not required.  The amendment(s) was/wer- action was not required. | e adopted by the incorporators without shareholder action and shar   | cholder   |
| Dated  | 4-11-2017  |   |
|  | VAA  |   |
| Signature(B  | y a director, president or other officer – if directors or officers have   | e not been  |
| se   | lected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)   |   |
| ai,  | NINI MCANdle   |   |
|  |  |   |
|  | (Typed or printed name of person signing)  |   |
|  | Visident   |   |
|  | (Title of person signing)  |   |
|  |  |   |
|  |  |   |
|  |  |   |