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March 2, 2018

LUIS E. DAVILA REGAL TAX & BUSINESS SOLUTIONS 1500 NW 89TH COURT, SUITE 106 DORAL, FL 33172

SUBJECT: ATTIRIO CARBONE MONTAGNA, PA

Ref. Number: P17000100159

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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

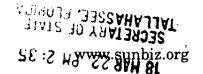
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 918A00004298

IB MAR 22 PM 2 TO SECRETARY OF SECRETARY OF



### **COVER LETTER**

TO: Amendment Section Division of Corporations

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| NAME OF CORPORATIO   | ATT  | IRIO CARBONE MONT   | AGNA, PA   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
| OCUMENT NUMBER: P17000100159   |  |   |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                           |  |   |  |  |  |  |  |  |
| Please return all corresponde  | nce concerning this ma                     | tter to the following:  |  |  |  |  |  |  |
|  |  | Luis E. Davila  | r  |  |  |  |  |  |
| <del></del>  | Name of Contact Person                     |   |  |  |  |  |  |  |
|  | Regal Tax & Business Solutions             |   |  |  |  |  |  |  |
|  | Firm/ Company                              |   |  |  |  |  |  |  |
|  | 1500 NW 89th Court , Suite 106             |   |  |  |  |  |  |  |
|  |  | Address   | <del></del> <del></del>  |  |  |  |  |  |
|  |  | Doral, FL 33172   |  |  |  |  |  |  |
| <del></del>  |  | City/ State and Zip Co  | ode  |  |  |  |  |  |
|  |  | info@regaltax.us  | /  |  |  |  |  |  |
| E  | -mail address: (to be us                   | sed for future annual repo  | ort notification)  |  |  |  |  |  |
| For further information conce  | rning this matter, pleas                   | se call:  |  |  |  |  |  |  |
| Luis E. Davi   |  | at (305   | 6038310  |  |  |  |  |  |
| Name of Cont   | act Person                                 | Area Code & Daytime Telephone No  |  |  |  |  |  |  |
| Enclosed is a check for the fo   | llowing amount made                        | payable to the Florida De   | epartment of State:  |  |  |  |  |  |
| <del>-</del>   | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                      | 2 □\$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

## **Articles of Amendment** Articles of Incorporation of

#### ATTIRIO CARBONE MONTAGNA, PA

# (Name of Corporation as currently filed with the Florida Dept. of State) P17000100159 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ATTILIO CARBONE MONTAGNA, PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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             | <u>PT</u>    | John Do  | <u>oe</u>   |         |
|-------------------------------|--------------|----------|-------------|---------|
| X Remove                      | <u>v</u>     | Mike Jo  | <u>ones</u> |         |
| X Add                         | <u>sv</u>    | Sally Sr | <u>nith</u> |         |
| Type of Action<br>(Check One) | <u>Title</u> |          | <u>Name</u> | Address |
| 1) Change                     |              | _        |             |         |
| Add                           |              |          |             |         |
| Remove                        |              |          |             |         |
| 2) Change                     |              | _        |             |         |
| Add                           |              |          |             |         |
| Remove                        |              |          |             |         |
| 3) Change                     |              |          |             |         |
| Add                           |              |          |             |         |
| Remove                        |              |          |             |         |
| 4) Change                     |              |          |             |         |
| Add                           |              |          |             |         |
| Remove                        |              |          |             |         |
| 5) Change                     |              |          |             |         |
| Add                           |              | <u>-</u> |             |         |
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| 6) Change                     |              |          |             |         |
| Add                           |              |          |             |         |
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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the                |
|---|------------------------------------|
| Defending 2.4. 16 H. M.   |                                    |
| Effective date if applicable:  (no more than 90 days after amendment file date)   |                                    |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.  | his 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 amendate by the shareholders was/were sufficient for approval.  | ment(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each voting group entitled to vote separately on the amendment(s)              |                                    |
| "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 share action was not required.   | eholder                            |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.  | ler                                |
| Dated03/12/2018   |                                    |
| Signature  (By a director, president or other officer = if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary) |                                    |
| Luis E. Davila  |                                    |
| (Typed or printed name of person signing)   |                                    |
| Incorporator  |                                    |
| (Title of person signing)   |                                    |