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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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ALLAHASSEE, FLORIDA GOVERNO YOUNG S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LINDA E	E Aparicio.	P.A			
DOCUMENT NUMB	er:P180000	•				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this mat	tter to the following:				
-	Lina	Name of Contact Person	D			
Firm/ Company						
	11952 rw 234 Ter					
-	11.7702	Address				
_	Prn	(cton FL 330	032.			
		City/ State and Zip Code	;			
LINGA & MODELIN DON'T COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
LINDA E.	APANON Contact Person	at (<u>305</u>	219-9561 le & 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

Articles of Amendment

to

Article	es of Incorpo	oration				
Linda E Apo	anad	P.A				
(Name of Corporation as	currently file	d with the Flori	da Dept, of Stat	<u>e)</u>		
0.0.000	1402		"			
		poration (if know	/n)			
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Flor</i>	ida Profit Corpo	ration adopts the	followin	g amei	ndment(s) to
A. If amending name, enter the new name of the corpora	ıtion:					
					_The	new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co".	A professional				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>-</u>		<u>. </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				TALLANAS	18 J.N i	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent		n Florida, enter	the name of the	LE, LONDA	3 🐰 5: 02	ED
	lorida street ac	ldress)			_	
N						
New Registered Office Address:	(City		, Florida	(Zin)	Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent:		ligations of the p			
Signature o	of New Regist	ered Agent, if ch	anging		-	

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>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>		<u>Addres</u> s
1) Change	<u>P</u> _		inda E. Aparicio	11452 SW 234TET
🔀 Add				Pholeton, FL 33032
Remove				·
2) Change				
Add				
Remove				
3) Change	<u> </u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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provincing for implementing the amendment if	issincation, or car not contained in the	he amendmei	nt itself:	
(if not applicable, indicate N/A)				
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			· · · · · · · · · · · · · · · · · · ·	
				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 0\02\20\8. (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ate 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	ег
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01/16/2018.	
Signature Linda & Aparicio	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other countries of the selected of t	n
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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