## P1800003663

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2018 HAY 25 AM 10: 48
SECRETARY OF STATE

C. GOLDEN MAY 2 9 2018

## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: MACIEK ZAREMBA PA  DOCUMENT NUMBER: P18000036621
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Muciek Zaremba Name of Contact Person
Firm/ Company
Address
2470 GULD OAK CT E  Address  SARASOTA FL 34232  City/ State and Zip Code
City/ State and Zip Code
SARASOTA @ SARASOTA SARASOTA COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Muciek Zaremba au 941, 400 7084
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 & Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section  Division of Corporations  Division of Corporations
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

FILED

MACIEK ZAREMBA PA (Name of Corporation as currently filed with the Florida Dept. of State)	2018 MAY 25 AM 10: 48
P180000 36621 (Document Number of Corporation (if known)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)	IMPERUMPOSEELL COLINE
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendatis Articles of Incorporation:	ment(s) to
A. If amending name, enter the new name of the corporation:	
MACIET ZAREMBA PA	ςη;
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain t word "chartered," "professional association," or the abbreviation "P.A."	ion
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 MACIEK ZAREMBA	
New Registered Office Address: SARASUTA  See Registered Office Address: SARASUTA  (City)  (City)  (City)  (City)  (City)  (City)	<u>-</u>
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.	
Muy Jalule Signature of New Registered Agent, if changing	
$\mathcal{S}_{\ell}$	

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
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3 ) Change			
Add			
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4) Change			
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Attach	additional sh	eets, if necessai	79. (Be spec	r change(s) he cific)				
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f <u>an ar</u> provis	nendment pr ions for impl	ovides for an o	xchange, rec	lassification, of not contained	or cancellation I in the amend	of issued shar lment itself:	es.	
(if	not applicab	le, indicate Me	')					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :  (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, this date document's effective date on the Department of State's records.	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 east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Market or other afterior - if director, or afterior base and been	
Signature / Wuy haveule	
a director, president of other officer - if directors of officers have not feet	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MACIEK PAREMBA	
(Typed or printed name of person signing)	
PHESIDENT.	
(Title of person signing)	