

P960000030517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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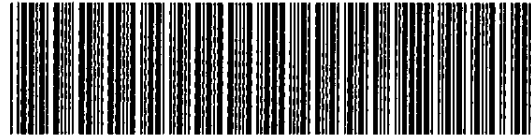
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

Amend  
Name chg  
(10) 12/9/11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Make A Way Enterprises, Inc.  
DOCUMENT NUMBER: PA0000030517

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Audra Lester  
Name of Contact Person  
A.L. Professional Services, Inc.  
Firm/ Company  
440 S Villa San Marco Dr. #104  
Address  
St. Augustine, FL 32086  
City/ State and Zip Code  
Audra.lester@ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audra Lester at (904) 707-6037  
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  
☐ \$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  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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make A way Enterprises, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000030517

(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:**

A.L. Professional Services, Inc.

The new 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)

440 S Villa San Marco Dr. #104  
St. Aug, FL 32086

**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: Audra Lester

440 S Villa San Marco Dr. #104  
(Florida street address)

New Registered Office Address: St. Augustine, Florida 32086  
(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.

Audra Lester

Signature of New Registered Agent, if changing

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>P.D.</u> <u>S.T.</u>	<u>Jennifer L. Cherry</u> <u>AS</u>	<u>3550 Esplanade Way</u> <u>#10208</u> <u>Tallahassee, FL 32311</u>
2) <u>P.D.</u> <u>S.T.</u>	<u>Andra Lester</u>	<u>440 S Villa San Marco Dr.</u> <u>#104</u> <u>St Augustine, FL 32084</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>P.D.</u> <u>S.T.</u>	<u>Jennifer L. Cherry</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

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

N/A

- 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)

All shares have been issued to Andra Lester

The date of each amendment(s) adoption: 9/28/2011

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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.

Dated 9/28/2011

Signature

Andra Lester

(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 court appointed fiduciary by that fiduciary)

Andra Lester

(Typed or printed name of person signing)

Pres, Dir, Secretary, Treasurer

(Title of person signing)