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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Petros and Elegant			
NAME OF CORPORATION: Petros and Elegant DOCUMENT NUMBER: P98000037311			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Katie Petros Name of Contact Person			
Petros and Elegant Firm/Company			
Firm/Company 4090 Laguna Street, 2nd Floor Address			
Coral Gables, Fl. 33146 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Katie Petros a1 (305) 793.3979			
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Amendment Section			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment

to Articles of Incorporation

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of	
Petros and Elegant, P. A	
P98000037311	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment(s)
A. If amending name, enter the new name of the corporation:	
\mathcal{D}_{I}	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev	new viation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta	iin the
word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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)	
71 D 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
New Registered Office Address:, Florida	
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	

The date of each amendment(s) adoption:	, if other than the
Tifferedies Juda if annii abla.	
Effective date if applicable: (no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this 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 voice by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
Dated 2/28/2013	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
William Petros (Typed or printed name of persor	
(Typed or printed name of persor	a signing)
President (Title of person signi	
(Title of person signi	ng)