

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400254219554

12/05/13--01023--008 \*\*52.50

TALL ANASSEE, FLORID

NG. ....

DEC 11 2013 R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

P98000093721

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

Please return all correspondence concerning this matter to the following:

Bruce Lewy

Name of Contact Person

Firm/Company

Address

Address

Address

Address

Address

A33134

BLENY@ LLMLawtim.com

Bruce Lel	1V at (305	, 377-1777
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)

Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

For further information concerning this matter, please call:

Street Address

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

## Articles of Amendment to Articles of Incorporation of

v ( )

FILED

13 DEC -5 PH 12: 34

(Name of Corporation as currently	filed with the Florid	da Dept. of State)SEGRE	TARY OF STAT	E NA
Bruce H	f. Lehr.	RA TALLAH	ASSEE, FLORI	UA
(Document Number of	of Corporation (if know	own)	<del></del>	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Flor</i>	ida Profit Corporation add	ppts the following	amendment(s) to
A. <u>If amending name, enter the new name of the</u>	.vi + Me	udez, P.A	. •	The new
name must be distinguishable and contain the will "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	ord "corporation," rp," "Inc," or "Co" ne abbreviation "P.A	"company," or "incorpor . A professional corporat. "	ated" or the ablion name must co	breviation ontain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	<u>ole:</u> ODRESS)	1401 Brica Suite 91 Migmi,	kellAvel O	hve
		Miqui,	FL 33	13/
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE B	<u>30.x</u> )	squil		
D. If amending the registered agent and/or registered	-  tered office address	in Florida, enter the nam	e of the	
new registered agent and/or the new registere			<del></del>	
Name of New Registered Agent	sam f			
	(Florida street d	address)		
New Registered Office Address:		, Florida_		
	(Ciņ)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		and accept the obligations	of the position.	
Signature of	New Registered Agei	nt, 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)

- r 🐫

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	PT	John Doe	
X Remove	7.	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change			
Remove			
3) Change			
Remove 4) Change			
Add Remove			
5) Change			
Remove			
δ) Change	<del></del>		
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchange the amen	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	HONE IN HOL CONTAINED IN (III AMERICANDITY IN SELECTION I

The date of each amendment(s) adoption:date this document was signed.	, if other than t
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
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 $12/4/13$	
Signature MM WILL	
(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)	
Bruse H. Lehr	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_