642844

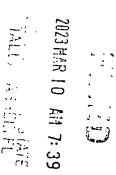
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | <u> </u> |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 261-2060 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 & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

| ٠. | | |
|----|---|------------------|
| | | |
| 3 | ٠ | 3.5 " |

| Esquire Title | 7:39 |
|--|---|
| | filed with the Florida Dept. of State) |
| 642844 | TALL, WELE, FL |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | TI - |
| name must be distinguishable and contain the word "corporation," "cor". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceeding to the abbreviation "P.A." | professional corporation name must contain the word |
| D. Fatan ware principal office address if applicable. | 1620 West Oakland Park Blvd |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Suite 200 |
| | Oakland Park, Fr 33311 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1620 West Oakland Park Blud |
| | Si, te 200 |
| | Oskland Park FL |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent Rose B | A L |
| Nume of New Registered Agent | Ind Park Blud Suite 200 |
| (Florida stree | (address) |
| New Registered Office Address: Ockland Par | k |
| /C | ity) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | h and accept the obligations of the position. |
| | <u>.</u> |
| Signature of New Reg | istered Agent, if changing |

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 | <u>PT</u> <u>John</u> | <u>i Doe</u> | |
|----------------------------|------------------------|--------------|-----------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| I) X Change | PD | Rose Brill | 1620 West Dakland Park Blid |
| Add | | | Suite 2.00 |
| Remove | | 1/ L :D | Oakland bork fr 33311 |
| 2) K Change | | Katona Rey | 1620 West Oakland Purk Blod |
| Add Remove 3) Change | | | Oakland Park, Fr 33311 |
| 3) Change | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| _ Remove | | | |

| If amending or adding additional Attach additional sheets, if necessa | ry). (Be specific) | | | |
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| f an amendment provides for an | exchange, reclassifica | tion, or cancellation | of issued shares, | |
| provisions for implementing the (if not applicable, indicate N/2 | amendment if not con | tained in the amen | dment itself: | |
| (у пог аррисате, таксае ту | 1) | | | |
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| | | , if other than the |
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| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not document's effective date on the Department of | ot meet the applicable statutory filing requirements, this date will no State's records. | ot be listed as the |
| Adoption of Amendment(s) (CH) | ECK ONE) | |
| ☐ The amendment(s) was/were adopted by the i action was not required. | ncorporators, or board of directors without shareholder action and sh | nareholder |
| The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a | chareholders. The number of votes cast for the amendment(s) pproval. | |
| | shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amen | dment(s) was/were sufficient for approval | |
| by | <u> </u> | |
| (voti) | ng group) | |
| Dated March 9, 2 | 02.3 | |
| | | |
| | dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) | |
| Rose | Typed or printed name of person signing) | |
| (7) | Typed or printed name of person signing) | |
| | sident | |
| T) | itle of person signing) | |