M41440

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

NC

TB 1-14-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Blaxberg Gr	rayson Kukoff & Strauss PA	l
DOCUMENT NUMBER: M41440	·····	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	oises Grayson f Contact Person)	
(Name of	Contact Ferson)	
Blaxberg	g Grayson & Kukoff, P.A.	
(Firm	n/ Company)	
25 SE. 2	2nd Ave. Suite 730	
(1)	Address)	
Mia	ami, FL 33131	
	ate and Zip Code)	
For further information concerning this matter, p	please call:	
Moises Grayson	at (305) _381-7979 Ext 313	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
\$\sqrt{3.75}\$ Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Statu (Additional copy is enclosed) (Additional Copy is enclosed)	IS
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

i '		A State
Arti	icles of Amendment	2009
Artio	to cles of Incorporation	TASES AN.
Artic	of	TOPE IN
51 1 6		7454P
	son, Kukoff & Strauss, P.A ently filed with the Florida Dept	A. of State)
-		i. or state)
	M 41440 ber of Corporation (if known)	
	• • • • • • • • • • • • • • • • • • • •	
suant to the provisions of section 607.1000 owing amendment(s) to its Articles of Incorp		Profit Corporation ado
If amending name, enter the new name of	f the corporation:	
laxberg Grayson & Kukoff, P.A.		
ncorporated" or the abbreviation "Corp.," Co". A professional corporation name	"Inc.," or Co.," or the design.	ation "Corp," "Inc," or
corporated" or the abbreviation "Corp.," o". A professional corporation name ociation," or the abbreviation "P.A." Enter new principal office address, if apple	"Inc.," or Co.," or the design e must contain the word "ch licable:	ation "Corp," "Inc," or
ncorporated" or the abbreviation "Corp.," Co". A professional corporation name sociation," or the abbreviation "P.A." Enter new principal office address, if application office address MUST BE A STREE	"Inc.," or Co.," or the design e must contain the word "ch licable: TADDRESS)	ation "Corp," "Inc," or
ncorporated" or the abbreviation "Corp.," To". A professional corporation name sociation," or the abbreviation "P.A." Enter new principal office address, if application office address MUST BE A STREE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	"Inc.," or Co.," or the design e must contain the word "che licable: TADDRESS) CE BOX	ation "Corp," "Înc," oi nartered," "professional
If amending the registered agent and/or r	"Inc.," or Co.," or the design e must contain the word "che licable: TADDRESS) CE BOX	ation "Corp," "Înc," oi nartered," "professional
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Incorporated" or the abbreviation "Corp.," To". A professional corporation name sociation," or the abbreviation "P.A." Enter new principal office address, if application and sociation, or the abbreviation "P.A." Enter new principal office address, if application and sociation an	"Inc.," or Co.," or the designate must contain the word "che licable: IT ADDRESS) CE BOX registered office address in Floristered office address:	ation "Corp," "Inc," or nartered," "professional artered," "professional artered," "ida, enter the name of the nam

Signature of New Registered Agent, 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)

<u>Titl</u>	<u>e</u>	Name	Address	Type of Action
				□ Add
				Remove
				□ Add
	·····			Remove
				□ Add
				· — –
E. I	f amendins	g or adding additional Articles, enter c	hange(s) here:	
(;	ttach addit	tional sheets, if necessary). (Be specific	c)	
		<u> </u>		

_				
		dment provides for an exchange, recla for implementing the amendment if n		
		applicable, indicate N/A)		
_				

The date of each amend	Iment(s) adoption: December 31, 2008
Effective date <u>if applica</u>	ble:
	(no more than 90 days after amendment file date)
Adoption of Amendmen	nt(s) (<u>CHECK ONE</u>)
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.
	as/were approved by the shareholders through voting groups. The following statement ovided 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) we action was not require	as/were adopted by the board of directors without shareholder action and shareholder ed.
The amendment(s) we action was not require	as/were adopted by the incorporators without shareholder action and shareholder ed.
Dated_ Signate	January 4, 2009 Wain Carenor
J. J	(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)
	Moises Grayson
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)