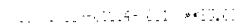
M41440

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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Blaxberg, Grayson	. Kukoff & Forteza, P.A.	
DOCUMENT NUM			
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	I. Barry Blaxberg		
		Name of Contact Person	1
	Blaxberg, Grayson & Kukoff	. P.A.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	25 SE 2nd Avenue, Suite 730	ı	
	· -	Address	<u>.</u>
	Miami, FL 33131		
		City/ State and Zip Code	2
	Barry.Blaxberg@blaxgray.co	om	
		sed for future annual report	notification)
For further informat I. Barry Blaxberg	ion concerning this matter, pleas	se call: at (305	975-0840
Nam	e of Contact Person	at (Area Co	de & Daytime Telephone Number
	for the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address iment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

Blaxberg, Grayson, Kukoff & Forteza, P.A.	
(Name of Corporation as curr	rrently filed with the Florida Dept. of State)
M41440	
(Document Numb	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
Blaxberg, Grayson & Kukoff, P.A.	The new
	n, ""company," or "incorporated" or the abbreviation "Corp., " o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7~3
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 add	
Name of New Registered Agent	
(Floric	ida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	
Signature of No	New Registered Agent, if changing
Check if applicable ☐ 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)

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>	John Do	<u>e</u>	
X Remove	<u>Y</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				***************************************
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add	· · · · · · · ·	_		
Remove				

Attach additional sheets, if necessary). (Be	enter change(s) (specific)	 -			
	•				
				 	
				·	-
					
				·	
				··· =	
	_				
			· · ·		
					
f an amendment provides for an exchange,	reclassification	or cancellation	n of issued shar	es	
provisions for implementing the amendme	ent if not contain	ned in the amen	dment itself:	<u>1</u>	
(if not applicable, indicate N/A)					
• • •					
				<u>.</u>	

	(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	May 8, 2023	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this da- ne Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(ere sufficient for approval.	s)
	e approved by the shareholders through voting groups. The following statemod for each voting group entitled to vote separately on the amendment(s):	rnt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/26/2 Dated Signature	Ham	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other cour pointed fiduciary by that fiduciary)	t
	I. Barry Blaxberg	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	