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COVER LETTER

TO: Amendment Section Division of Corporations

	PRICES OF OPALPILEE, P.A.	
DOCUMENT NUMBER: PO6 0	000 61938	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
01	Pal P. LeQ Name of Contact Person	
LAW OFFICE	ESOF OPAL P. LEE, P.A. Firm/ Company	
	Firm/ Company	
2096 N.	University brive	
	Address	
_ SUNIS	City/ State and Zip Code	
	Cfty/ State and Zip Code	
0 Palle	a hat mail: com	
E-mail address: (to be use	2 @ hot mail · Com ed for future annual report notification)	
For further information concerning this matter, please	e call:	
0.1010	_	
Opal 1. Les	at (954) 358-2020 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LAW OFFICES OF O	PAL PLEE PA.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P060000 B	
(Document Number of Corporation (i	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FLOJAM LEGAL P.A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or the word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ress in Florida, enter the name of the
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ress in Florida, enter the name of the
(Florida stro New Registered Office Address:(City)	eet address) Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	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)

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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			100000000000000000000000000000000000000
Remova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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	·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were sufficient	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	anuary 28, 2019	
Signature		
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiduction in the hands of a receiver.	
-	$\frac{\mathcal{O}PAL P. L \in \mathcal{E}}{\text{(Typed or printed name of person signing)}}$	_
	(Typed or printed name of person signing)	
	P. D.	
_	(Title of person signing)	-