## PD9000019300

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Amend Name (1a) 2/21/14

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: Antonio D. Quinn, P.A. DOCUMENT NUMBER: P09000019366 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Antonio D. Quinn, Esq. Name of Contact Person Antonio D. Quinn, P.A. Firm/ Company 633 South Andrews Avenue, Suite 200 Address Fort Lauderdale, FL 33301 City/ State and Zip Code antoniodquinn12@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 729-7770

Area Code & Daytime Telephone Number Antonio Quinn Name of Contact Person 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 (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations 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

V SECTION	ASSE OF TANK
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Antonio D. Quinn, P.A.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P09000019366		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Quinn Law, P.A.	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	633 South Andrews Avenue	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 200	
	Fort Lauderdale, FL 33301	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent N/A		
(Fl. H. av.		
(Florida stree	,	
New Registered Office Address:	, Florida (Zip Code)	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.	
Signature of New Registered As	gent 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 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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	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		<del>_</del>		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove	•			
6) Change		_		
Add			<del></del>	
Remove			•	

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	es, enter change(: (Be specific)	s) here:		
N/A				
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F. If an amendment provides for an exchai	sae roclassificati	on or cancellation	not icewad sharpe	
provisions for implementing the amend	ment if not conta	ined in the amend	ment itself:	
(if not applicable, indicate N/A) N/A				
	····			
	<u></u>			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· · · · · · · · · · · · · · · · · · ·	
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 February 14, 2014	
Signature D.D.	
(By a director, president or other officer—if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Antonio D. Quinn	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>

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