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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOHMA	N I AW GROU	РРА		
DOCUMENT NUMBER: P1200002		, , , , , , , , , , , , , , , , , , , ,		
The enclosed Articles of Amendment and fee are				
Please return all correspondence concerning this i	matter to the following:			
R. MAX LOH	MAN, ESQ.			
	Name of Contact Person			
LOHMAN LA	W GROUP, P.A	1.		
601 HERITAG	Firm/ Company GE DRIVE, SU	TES 232-232A		
	Address			
JUPITER, FL	33458			
	City/ State and Zip Cod	e		
MAX@LOHMAN E-mail address: (to be	ILAWGROUP.(used for future annual report			
For further information concerning this matter, pl	ease call:			
R. MAX LOHMAN	_{at (} 561	203-8208		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee & Certificate of Status	•	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section Division of Corporations		Amendment Section		
P.O. Box 6327		Division of Corporations		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

LOHMAN LAW GROUP, P.A.

斯SEP 15 PH 2:11

(Name of Corporation as currently P12000021938	filed with the Florida De	ept. of State) ECRETAR AF STATISTICS. FLUIS	
	of Corporation (if known)	,	-
ursuant to the provisions of section 607.1006, Floris Articles of Incorporation:	ida Statutes, this <i>Florida P</i>	Profit Corporation adopts the following	g amendment(
a. If amending name, enter the new name of the	corporation:		
			_The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Col Pord "chartered," "professional association," or th	rp," "Inc," or "Co". A p		
b. Enter new principal office address, if applicable Principal office address MUST BE A STREET AL			-
			-
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			-
	·	······································	-
D. If amending the registered agent and/or registence new registered agent and/or the new registere		orida, enter the name of the	-
Name of New Registered Agent		 	
<u></u>	(Florida street address	s)	
New Registered Office Address:	(City)	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent.		eccept the obligations of the position.	
Signature of	New Registered Agent if c	hanging	

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>oe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PD		ROBERT M. LOHMAN	601 HERITAGE DRIVE
Add				SUITES 232
Remove				JUPITER, FL 33458
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	l sheets, if necessary). (Be specific)	inge(s) here:		

· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
		• • • •			•
If an amoudus	it provides for an eximplementing the al	cchange, reclassi mendment if not	fication, or cancel contained in the a	lation of issued shar	es,
n an amenumen provisions for i		•			
provisions for i	icable, indicate N/A)	l			
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				
provisions for i	icable, indicate N/A)				

date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 9/10/14	
Signature (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)	
ROBERT M. LOHMAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	