## P17000055669

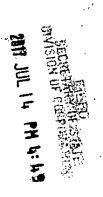
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section

. ₽.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Florida Families Law Group P.A. NAME OF CORPORATION: P17000055669 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$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 enclosed) (Additional Copy is enclosed) **Street Address** Amendment Section Amendment Section Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

to Articles of Incorporation	9.
Articles of incorporation of	<b>2</b> 5
Florida Families Law Group P.A.	
(Name of Corporation as currently filed with the Florida Dept. of S	tate)
P17000055669	
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts t ts Articles of Incorporation:	he following amendm
A. If amending name, enter the new name of the corporation:	The ne
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nword "chartered," "professional association," or the abbreviation "P.A."	" or the abbreviation
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	se
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)	<b>S</b> <
O. 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 address:	<u>.</u> he
Name of New Registered Agent No Change	·
(Florida street address)	<del></del>
New Registered Office Address:, Floric	da
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	position.

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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
2) Change			
Add		\	
Remove		No Change	
3) Change		_ No Change	
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change	· ····		
Add			
Remove			

I amending	or adding a	additional Ar	ticles, enter cl	<u>iange(s) here</u>	:				
Auach aaam	ionai sneets,	, ij necessary). 	(Be specific	<i>:)</i>					
	10 G	Change	<u></u>						
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<u>f an amendr</u>	ment provid	les for an exc	hange, reclass	<u>ification, or e</u>	ancellation	of issued s	hares,		
provisions f	or impleme	nting the am	endment if not	contained ir	the amend	<u>ment itself:</u>			
(ij not a <sub>j</sub>	ppucavie, in	ndicate N/A)							
	No	Chang	L						
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Effective data if applicables		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date was partment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient 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 cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated July	ly 5th, 2017	
Signature	rector, president or other officer- if directors or officers have not been	
selected	l, by an incorporator – if in the hands of a receiver, trustee, or other court	•
	ed fiduciary by that fiduciary)	
-	Donathan Wesley Wisan	
	(Typed or printed name of person signing)	
	Recident	
<del>-</del>	(Title of person signing)	