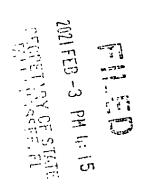
## PR000083478

(Requestor's Name)
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3/22/21

## - COVER LETTER

TO: Amendment Section— Division of Corporations

NAME OF CORPORATION:	BRENNA EDDINS P.A	<b>.</b>				
DOCUMENT NUMBER:P17000083478						
The enclosed Articles of Amendment and t	fee are submitted for filing.					
Please return all correspondence concerning	g this matter to the following:					
	BETHANY SCHEIRE	ER .				
	Name of Contact Person	on				
•	BETHANY ACCOUNTING	G LLC				
	Firm/ Company	· · · · · · · · · · · · · · · · · · ·				
	PO BOX 906					
	Address	-				
	ALACHUA FL 32616-	-0906				
	City/ State and Zip Co	ode				
	ACCOUNTANT9903@LIV	VE.COM				
E-mail address:	(to be used for future annual repo	rt notification)				
For further information concerning this ma	tter, please call:					
BETHANY SCHEIRER	at (	563-6188				
Name of Contact Person	Area C	Code & Daytime Telephone Number				
Enclosed is a check for the following amou	int made payable to the Florida De	partment of State:				
■ \$35 Filing Fee □\$43.75 Filing  Certificate of	•	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section		et Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327	The G	The Centre of Tailahassee				
Tallahassee, FL 32314	2415	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

2021 FEB -3 PM 4: 15

BRENNA EDDINS P.A.

BRENNA EDDING F.A.

(Name of Corporation as currently filed with the Florida Dept. of State) TARY OF STATE
TALLAHASSEE, FL (Document Number of Corporation (if known)

If amending name, enter the new name of the corporation:		
BME ADMIN INC		The new
me must be distinguishable and contain the word "corporation," ac.," or Co.," or the designation "Corp," "Inc," or "Co". hartered," "professional association," or the abbreviation "P.A	A professional corporation name m	
Enter new principal office address, if applicable:	N/A	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Mutting address MAT BE A FOST OFFICE BOX)	<del> </del>	
	<del> </del>	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>ıe</u>
Mana of Man Divilational Lauret		
Name of New Registered Agent		
	street address)	
(Florida :	street address)	
	street address), Florid (City)	a(Zip Code)

## 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)

Example:

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				·
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<u></u>	<u></u>
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
ANY AND ALL LAWFUL BUSINESS	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
•	
F. 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)	ndment if not contained in the amendment itself:
N/A	
DIA	

•

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment fite date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
Dated		
Signature	Grenrall Eddle	·
, ,	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other continuous process.	
	d fiduciary by that fiduciary)	, unit
	BRENNA M EDDINS	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

• -