15718

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COVER LETTER

FILED TO: Amendment Section Division of Corporations 2025 AUG 18 AH 2: 36 NAME OF CORPORATION: The Brooks Law Group, P.A. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen K. Brooks Name of Contact Person The Brooks Law Group, P.A. Firm/ Company 123 1st St N Address Winter Haven, Fl 33881 City/ State and Zip Code steve@brookslawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863-604-234)

Area Code & Daytime Telephone Number steve brooks 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** Filling Fee & ■ \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

The Brooks Law 6	roup, [. H.	LED
(Name of Corporation as currently	filed with the Florida Dept of Sinte	18 AH 2: 36
1/157/8	1 25.4	
(Document Number of	Corporation (if known) TALLA	HASSEE, FL
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F_0 its Articles of Incorporation:	orida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Brooks Law Group, PA		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "charged," "professional association," or the aboreviation "P.A."		breviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)		
		
		_
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida smee	i address)	
New Registered Office Address:	Florida	
	No.	(Zip Code)
Non-Parisonal tracks of the state of the sta		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi-	th and accept the obligations of the p	asition.
Signature of Vm. Dan	ristered Agent, if changing	
actuaine of new ver	Geros Ason, y changing	

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)

Please note the afficavdirector title by the first letter of the affice title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; IR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/director holds more than one title, hist the first letter of each affice held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed at the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the carporation, 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	PT	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	noes.		
X Add	<u>\$V</u>	Sally S	mith_		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
l)Change		_			· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
2)Change		_			
Add				 -	
Remove 3) Change		_			
Add					
Remove					
4) Change		_			2025 AUG
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Assect additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe (if not applicable, indicate N/A)	or cancellation of issued shares, d in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
no more than 90 day:	after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK CIVE)	
☐ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote a	
"The number of votes cast for the amendment(s) was were suf	ficient for approval
ъу	, to
Dated (noting/group)	
Signature	
(By a director, president) or other officer	f directors or officers have not been
selected, by an incorporator – if in the han	ls of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Jeshen	K. Drocks
(Typed cupricated name	of person Signing)
Wes.	
(Title of person signing	

PILED

2025 AUG 18 AM 2: 36

SECONDIVINAL OF STATE
TALLAHASSEE, FL



August 11, 2025

THE BROOKS LAW GROUP, P.A. 123 FIRST ST. NORTH WINTER HAVEN, FL 33881

SUBJECT: THE BROOKS LAW GROUP, P.A.

Ref. Number: V15718

We have received your document for THE BROOKS LAW GROUP, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PUT THE CORRECT DOCUMENT NUMBER ON YOUR DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 125A00017713

Anissa Butler Regulatory Specialist II

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