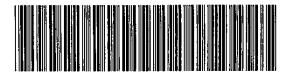
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	·····
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	·lv



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2017

SHARON GRIFFIN FLORIDA WEST COAST REALTY 380 8TH AVE N. #1 TIERRA VERDE, FL 33715

SUBJECT: SHARON GRIFFIN, P.A.

Ref. Number: P98000069656

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

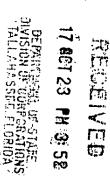
PLEASE USE THE PROFIT ARTICLES OF AMENDMENT ATTACHED TO MAKE ANY CHANGES AND RESUBMIT THE FORM.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 617A00020240



COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Sharon Griffia P.A. DOCUMENT NUMBER: P98000069656					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Sharon Griffin Name of Contact Person Sharon Griffin P. H. Firm/ Company 380 8th Avr W Address Tierra Verde, FL 33715 City/ State and Zip Code Tsland Roal Estate (Dael. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sharen Griffin at (727) 86.7-0002 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State: Paid 13/117					
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment

to Articles of Incor	poration
of	FFin. P.A.
(Name of Corporation as currently f	
P980000 69.	656
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	9.
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 "P	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jierra Verde FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33715 380 8th Ave N. H/ Tierra Verde, FL 33715
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent 3808 (Florida street New Registered Office Address: 118114	Ave N. #1
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with	h 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			<u> </u>	
Add				
Remove				
3) Change	 			
Add				
Remove				
4) Change				
Add		_		
			•	
Remove				
5) Change		_		
Add				
Remove				
2		4		
6) Change				
Add				
Remove				

amending or adding additional Articles, enter change(s) here:	
attach additional sheets, if necessary). (Be specific)	
	41
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	/_
(if not applicable, indicate N/A)	NB

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	10/20/17	
interise date ir 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 partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su:	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	10/20/17	
Signature	Sharm Ald P.C. Pres.	
(By a disselected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Sharen Ori FFin P. P. (Typed or printed name of person signing)	<u>.</u>
	Resident	
	(Title of person signing)	