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A. Butter 8131/21

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: M David Shapiro E	<sup>2</sup> A	
	UMBER:		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	correspondence concerning this ma	tter to the following:	
	Marianne Lehman ,		
		Name of Contact Persor	n
	Lichtenstein, Briefman and S	labella PLLC	
		Firm/ Company	
	2501 S Tamiami Trail		
		Address	
	Sarasota, FL 34239		
		City/ State and Zip Cod	e
	mlehman@lbscpas.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas		
Marianne Lehma		94 j at (	) 366-3737 de & Daytime Telephone Number
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 Y	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2021 AUG 20 AH 7: 47

M. David Shapiro, P.A.	DECKE II W OF CHAPE
(Name of Corporation as currently	filed with the Florida Dept. of State)
S90107	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, 1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word $\square$ corporation, $\square \square \square$ $\square$ or $\square$ or the designation $\square$ Corp, $\square$ $\square$ Inc, $\square$ or $\square$ Co $\square$ A $\square$ Cohartered, $\square$ Cprofessional association, $\square$ or the abbreviation $\square$ P.A. $\square$	mpany, []or []ncorporated[]or the abbreviation [Corp., []] professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida
	in Com
New Registered Agents Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered Agent, if 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 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Adam P. Shapiro	5212 Siesta Cove Dr
Add			Sarasota, FL 34242
Remove			
2) Change			
Add			
Remove Change			
Add			<u> </u>
Remove			1-2
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)			
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f an amendment provides for an exch provisions for implementing the amer	ange, reclassificat ndment if not con-	ion, or cancellatio tained in the amen	dment itself:	
(if not applicable, indicate N/A)				
		<del></del>	<del></del>	<del>_</del>

	1/1/2020
The date of each amendment(s)	adoption:, if other than the
date this document was signed.	/2020
Effective date if applicable:	/2020
<u></u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document is effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the department of StateEs records
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
(The number of votes cas	t for the amendment(s) was/were sufficient for approval
bv	n,
, <del></del>	(voting group)
select	director, president or other officer Eif directors or officers have not been ed, by an incorporator ∃if in the hands of a receiver, trustee, or other court
аррон	nted fiduciary by that fiduciary)
	M David Shapiro
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

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