## 686123

(Re	questor's Name)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MURRAY SILV	/ERMAN, P.A.
DOCUMENT NUMBER: 686123	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
MURRAY SILVERMAN	
MURRAY SILVERMAN	Name of Contact Person P.A.
5901 NE 14TH AVENUE	Firm/ Company
FORT LAUDERDALE, F	Address L 33334
SII.VERMANM31@GMAIL.C	City/ State and Zip Code OM /
For further information concerning this matter, pla	used for future annual report notification) ease call:
MURRAY SILVERMAN	954 491 3292
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

MIDDE	AV SIL	VERM	AN PA

MURRAY SILVERMAN, P.A.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
686123	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this I its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
N/A	The new
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 "I	" "company," or "incorporated" or the abbreviation of the Abbreviation of the Abbreviation of the Contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ه.ين <sub>در ب</sub> ې
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:  Name of New Registered Agent  N/A	
(Florida stre	at address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position  rgistered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief I or, Directo I in the fo-	irector being ary) e by the first le ; T = Treasure inancial Office or would be Pallowing manne orporation, Sa	added:  etter of the office title:  or, S= Secretary; D= Director;  er. If an officer/director holds  or, Currently John Doe is listed  lly Smith is named the V and S	officer/director being removed and title, name, and  TR+ Trustee: C = Chairman or Clerk: CEO + Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example:			i un muc.	
X Change	<u>b.l.</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Nan <u>N</u> an	l ne	<u>Addres</u> s
1) Change	V	DA	VID F. BELLO	18393 NW 7TH STREET
X Add				PEMBROKE PINES, FL 33029
Remove				
2) Change				
Add				
Remove				
3 ) Change			1	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

\_\_\_\_ Remove

E. If amending or adding additional Articles	enter change(s) here:
(Attach additional sheets, if necessary). (b)	el'specific)
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<del></del>	 
E. If an amandment provide for an exchange	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendu	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	<u> </u>

	ψST 1, 2017
The date of each amendment(s) adoption:date this document was signed.	l if other than the
AUGUST 1, 2017 Effective date if applicable:	
<u> </u>	io more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	heet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEG	CK ONE)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s)  oval.
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gr	 pareholders through voting groups. The following statement   oup entitled to vote separately on the amendment(s): 
"The number of votes east for the amendn	 nent(s) was/were sufficient for approval 
by(voting	group)
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder
08/01/2017 Dated	
Signature	Si berne
(By a director, preside	nt or other officer – if directors or officers have not been grator – if in the hands of a receiver, trustee, or other court
MURRAY SI	VERMAN, CPA
(Ty	ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)