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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MURRAY SILVE	RMAN, PA	
DOCUMENT NUMB	ER: 686123		<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVID F. BELLO		
		Name of Contact Person	<u> </u>
	MURRAY SILVERMAN, P		
		. <del>.</del> .	
	5901 NE 14TH AVENUE	Firm/ Company	1
•		Address	
	FORT LAUDERDALE, FL.:		
		<del></del>	
		City/ State and Zip Cod	·
SILV	ERMANM31@GMAIL.CON	4	
<del>-</del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAVID F. BELLO		954	491 3292
Name o	f Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$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 Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MURRAY SILVERMAN, PA

( <u>Name c</u>	of Corporation as currently	filed with the Florida Dept. of S	State)
686123			I
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
DAVID BELLO & ASSOCIATES, INC			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corporation	I" or the abbreviation
B. Enter new principal office address,	if applica <u>ble:</u>		1
(Principal office address <u>MUST BE A S</u>			
			<del> </del>
C. Enter new mailing address, if appli			I
(Mailing address <u>MAY BE A POST</u> )	<u>OFFICE BOX</u> )		
			<del> </del>
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of	the
new registered agent and/or the nev	DAVID F. BELLO		
Name of New Registered Agent	— BELLEO		<u> </u>
	5901 NE 14TH AVENUE		
	(Florida strev	t address)	
New Registered Office Address:	FORT LAUDERDALE	, Flor	) 33334 rida
	((	lity	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	·	
I hereby accept the appointment as regist		th and accept the obligations of th	he position.
			( 1
	Day Both	<del></del>	
	Signature of New Res	gistered Agent, if changing	T T
	,		1 50

address of each Officer (Attach additional sheets Please note the officer/di P = President: V= Vice Executive Officer: CFO held, President, Treasura Changes should be noted	and/or E. , if necessivector that Presiden = Chief i er, Direct l in the fo wes the c	Director h sary) le by the f t; T= Tre Financial or would llowing n corporatio	orst letter of the office title: asurer: S= Secretary: D= Director: To Officer. If an officer/director holds m be PTD. tanner. Currently John Doe is listed as on, Sally Smith is named the V and S-To	R= Trustee: C = Chai nore than one title, list the PST and Mike Joy	rman or Clerk; CEO = Chief the first letter of each office nes is listed as the V. There is
X Change	<u>PT</u>	<u>John Do</u>	<u>se</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	ni <u>th</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	PSTD	_	MURRAY SILVERMAN	5901 NE 14TH	STREET
Add				FORT LAUDE	ERDALE, FL 33334
X Remove					<u> </u>
2) X Change	Р		DAVID F. BELLO	18393 NW 7TI	STREET
Add		_		PEMBROKE I	INES, FL 33029
Remove					
3 ) Change		_			
Add					
Remove					!
4) Change					<u> </u>
Add				<del></del>	<u> </u>
Remove					<u> </u>
5) Change	****	<del></del>			
Add					
Remove				<del></del>	
6) Change		_			
Add					
Remove					t

Attach additional sheets, if necessary). (Be specific)	
	_i
	!
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
f 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)	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	····
	<del></del>

	JANUARY 1ST, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
	NUARY 1ST, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be fisted as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendmen afficient for approval.	us)
	proved by the shareholders through voting groups. The following states:  each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JANUAR\ Dated	Y 1ST, 2018	
Signature C	Tour lb	
(By a d selecte	firector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	DAVID F. BELLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	