F74865

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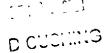


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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Hall & Leto, P.A. DOCUMENT NUMBER: ____F74865 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Fernandez Name of Contact Person Hall & Leto, P.A. Firm/ Company 2665 S. Bayshore Dr PH-1 Address Miami, FL 33133 City/ State and Zip Code kfernandez@hallpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 374-5030 Area Code & Daytime Telephone Number Karen Fernandez 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 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

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

Street Address

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

is enclosed)

21/2

Articles of Amendment to Articles of Incorporation

Hall & Leto, P.A.			
(Name of Corporation as curre	ently filed with the Florida Dept. of State)		
F74865			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	his Florida Profit Corporation adopts the follow	ing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>		
HLHL, P.A.		The ne	·14'
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	A professional corporation name must cont	tion "Corp.	, .,
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			•
C. Enter new mailing address, if applicable:	NVA		
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
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		ر د	
		~ ```	. •
D. If amending the registered agent and/or registered office a		ີເລັ	
new registered agent and/or the new registered office addr	'ess:	- =	<u>-</u>
Name of New Registered Agent N/A		_ =	
		:3 :3	· 1
(Florida	a street address)		
New Registered Office Address:	, Florida		
	(City) (Zi _l	n Code)	
New Registered Agent's Signature, if changing Registered Age	ent.		
Thereby accept the appointment as registered agent. I am familia		! <u>.</u>	
Signature of Nev	w Registered Agent, if changing	_	
Signature of New			
Check if applicable	1)(a) ES		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1)(6), 1.3.		

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>	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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u> </u>
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). (Be specific)	
N/A	
	
	<u> </u>
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ı
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
19/7	

. . .

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder a	iction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme ficient for approval.	ent(s)
☐ The amendment(s) was/were appropriately provided for e	oved by the shareholders through voting groups. The following stat ach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	0/27/2020	
(By a dir selected	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
-	(Title of person signing)	