H80525

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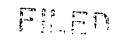
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOSKOWITZ, M	ANDELL, SALIM & SIMO	DWITZ, P.A.		
DOCUMENT NUM	BER: H80525				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	CRAIG J. MANDELL, ESQ.				
	Name of Contact Person				
	MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.				
	Firm/ Company				
	800 CORPORATE DRIVE, SUITE 500				
	Address				
	FORT LAUDERDALE, FL 33334				
	City/ State and Zip Code				
	wsalin@mmsslaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea		491-2000		
Name	of Contact Person	at (Area Coo) 491-2000 de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep:	irtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2022 JAN 18 PH 2: 45

MOSKOWITZ, MANDELL, SALIM &	SIMOWITZ, P.A.	0.11	
(<u>Name</u>	of Corporation as curren	tly filed with the Florida De	pti of State)
1180525			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
MOSKOWITZ, MANDELL & SALIM,			47
name must be distinguishable and contain "Inc.," or Co.," or the designation "Caterered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address,	if applicable:	N/A/	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
			
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the n	ame of the
new registered agent and/or the ne-			
Name of New Registered Agent	WILLIAM G. SALIM, J	R.	
	N/A		
	(Florida s	treet address)	
	N/A		
New Registered Office Address:		(City)	, Florida (Zip Code)
		, <u>.</u> .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. Tam familiar 1 - 1 -	with and accept the obligation is	ons of the position.
$/\lambda$ 7	UL Sal		
- 6'	Signature of New	Registered Agent, if changing	
Charle if applicable		\bigcup	
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant 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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	DV	SCOTT E. SIMOWITZ		800 CORPORATE DR. STE 500
Add X Remove				FT LAUDERDALE, FL 33334
2) Change				
Add				
Remove 3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				191921
6) Change				
Add				
Remove				

(Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	N/A
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
	
If an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
(if not app	implementing the amendment if not contained in the amendment itself: licable, indicate N/A)
N/	A
	

• •

The date of each amendment(s) a	doption:	, if other than the
date this document was signed. N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amer officient for approval.	idment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
selecte	irector, president of other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	
	CRAIG J. MANDELL	
	(Typed or printed name of person signing)	
	DVS	
	(Title of person signing)	