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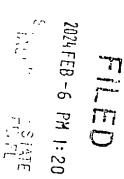
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COVER_LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: McEwan, Martinez	z, Dukes & Hall, PA	
	UMBER:		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
	Julie Williams		
		Name of Contact Person	1
	McEwan, Martinez, Dukes, F	Iall & Vancol. PA	
		Firm/ Company	
	PO Box 753		
		Address	
	Orlando, FL 32801		
		City/ State and Zip Cod	2
	jwilliams@mmdorl.com		
	-	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas		
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 Depa	artment of State:
□ \$35 Filing Fo	ee ☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 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	Amend Divisio The C	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

of FILED

	ly filed with the klarida Dr		
(Name of Corporation as current	iv med with the Florida D	pt. 019state) EB -6	PH 1. ~
AcEwan, Martinez, Dukes & Hall, PA		£ 50, 1	1:2
(Document Number of	of Corporation (if known)	$L \subset L$	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation	adopts the following	g amendiment
. If amending name, enter the new name of the corporation:			
deEwan, Martinez, Dukes, Hall & Vancol, PA			The new
ame 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.	A professional corporation		
Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			
. Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	IN/A		
		ame of the	
	s:		
new registered agent and/or the new registered office address	<u>s:</u>		
new registered agent and/or the new registered office address	<u>s:</u>		
Name of New Registered Agent N/A Note: Note: N/A			
Name of New Registered Agent (Florida str	s: reet address)		
Name of New Registered Agent N/A		, Florida	

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>	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			.	
Add				
Remove 3) Change				
Add				 -
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach addition	adding additional additional additional additional	y). (Be specif	ic)			
						
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				-		
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	_					
			_			
. <u>If an amendme</u>	nt provides for an e	xchange, reclas	sification, or c	ancellation of	issued shares,	
fif not ann	implementing the a licable, indicate N/A	<u>imenament if n</u>)	ot contained in	the amendme	<u>nt itself:</u>	
(9)	The state of the s	,				
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a date this document was signed.	doption:, if other that
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
1/30/2024 Dated Signature	Mr. Mith
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sed fiduciary by that fiduciary)
	RAFAEL E. MARTINEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)