J21926

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Law Office	es of Joseph Lign	nan, P.A.
DOCUMENT NUMBER: J21926		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Joseph W. Ligm		
	Name of Contact Person	1
Ligman Martin, f	P.L.	
	Firm/ Company	
15715 South Dix	kie Hwy., Suite 31	19
	Address	
Miami, FL 33157	7	
	City/ State and Zip Cod	e
joeligman@bellsout	h net	
	used for future annual report	notification)
(
For further information concerning this matter, ple	ase call:	
Joseph W. Ligman	at (305	, 255-1144 ext. 101
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

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Law Offices of Joseph Ligman, P.A. SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) J21926 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Joseph W. Ligman, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove		\mathcal{M}	
2) Change		- NM	
Add			
Remove		, , , , , , , , , , , , , , , , , , ,	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter change(s) here: . (Be specific)	
Ά		
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16 do	realessification or equallation of isgued show	
provisions for implementing the al	change, reclassification, or cancellation of issued share nendment if not contained in the amendment itself:	-31
(if not applicable, indicate N/A)		
/A	_	

The date of each amendment(s) adoption: N/A	
date this document was signed.	
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by "	
(volting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated December 5, 2013	
Signature 2 12-	
(By a director, president or other officer) if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
In a set MALLS sure as	
Joseph W. Ligman	<u> </u>
(Typed or printed name of person signing)	
Officer	
(Title of person signing)	