## K18852

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (101100)                                |
| ICity (Chana II in 10) have 40          |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| ,                                       |
| Cadiliad Casins Cadiliantes of Status   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| J. HORNE                                |
| AAAD - 6 2026                           |
| MAR - 4 2024                            |
|   |
|   |
|   |
|   |

Office Use Only



700423781287

02/15/24++01033++006 \*\*05.00



## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO          | ORATION: McMillen Law Fire   | m, A professional Corporat   | ion  |
|------------------------|--|--|--|
| DOCUMENT NUM           |  |  |  |
|                        | es of Amendment and fee are su                                     | bmitted for filing.  |  |
| Please return all corr | respondence concerning this ma                                     | tter to the following:   |  |
|                        | Scott R. McMillen  |  |  |
|                        |  | Name of Contact Person   | 1  |
|                        | McMillen Law Firm  |  |  |
|                        |  | Firm/ Company  |  |
|                        | 622 E Washingto Street, Suite                                      | e 200  |  |
|                        | <u> </u>   | Address  |  |
|                        | Orlando, Florida 32801   |  |  |
|                        |  | City/ State and Zip Code   | e  |
|                        | scott@mcmillenlawfirm.com  |  |  |
|                        | ~  | sed for future annual report                                       | notification)  |
| For further informat   | ion concerning this matter, pleas                                  | se call:   |  |
| Scott McMillen         |  | at ( <sup>407</sup>  | de & Daytime Telephone Number  |
| Name of Contact Person |  | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check    | for the following amount made                                      | payable to the Florida Depa  | artment of State:  |
| S35 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) |
| Ar<br>Di               | ailing Address nendment Section vision of Corporations O. Box 6327 | Amend<br>Divisio   | Address Iment Section on of Corporations entre of Tallahassee                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

|  | Articles of A<br>to<br>Articles of In                    |                             | Dept. of State)  |
|--|--|-----------------------------|--|
|  | Articles of the  | -                           | 1. Comment of the com |
|  | McMillen Law Firm, A Pr                                  | rofessional Corporation     |  |
| (Name o  | of Corporation as curren                                 | tly filed with the Florida  | Dept. of State)  |
| 8852   |  |                             |  |
|  | (Document Number   | of Corporation (if known)   | 14   |
| rsuant to the provisions of section 607.<br>Articles of Incorporation:   | .1006, Florida Statutes, this                            | s Florida Profit Corporatio | on adopts the following amendment(   |
| If amending name, enter the new n  | ame of the corporation:                                  |                             |  |
| ott McMillen Malpractice Specialist, F   | P.A.   |                             | The new  |
| me must be distinguishable and contain<br>ic.," or Co.," or the designation "C<br>hartered," "professional association."   | Corp," "Inc," or "Co".                                   | A professional corporation  |  |
| Enter new principal office address, rincipal office address MUST BE A S  |  | N/A<br>                     |  |
| Enter new mailing address, if appl<br>(Mailing address MAY BE A POST   |  | N/A                         |  |
|  |  |                             |  |
|  |  |                             | name of the  |
| If amending the registered agent an new registered agent and/or the new  | w registered office addres                               |                             | name of the  |
|  |  |                             | e name of the  |
| new registered agent and/or the new  | w registered office addres                               | <u>ss:</u>                  | e name of the  |
| new registered agent and/or the new  | w registered office addres  N/A  (Florida s.             |                             | name of the  |
| new registered agent and/or the new  | w registered office addres  N/A  (Florida s.             | treet address)              | . Florida  |
| Name of New Registered Agent   | w registered office addres  N/A  (Florida s.             | <u>ss:</u>                  |  |
| Name of New Registered Agent   | w registered office addres  N/A  (Florida s.             | treet address)              | . Florida  |
| new registered agent and/or the new Name of New Registered Agent  New Registered Office Address:   | N/A  (Florida s.   | treet address)  (City)      | . Florida  |
| new registered agent and/or the new Name of New Registered Agent  New Registered Office Address:  www.Registered Agent's Signature, if contacts and the new Registered Agent's Registered Age | N/A  (Florida s. N/A  N/A  N/A  Phanging Registered Agen | treet address)  (City)      | , Florida(Zip Code)  |
| new registered agent and/or the new Name of New Registered Agent  New Registered Office Address:  ew Registered Agent's Signature, if c  | N/A  (Florida s. N/A  N/A  N/A  Phanging Registered Agen | treet address)  (City)      | , Florida(Zip Code)  |
| Name of New Registered Agent   | N/A  (Florida s. N/A  N/A  N/A  Phanging Registered Agen | treet address)  (City)      | , Florida(Zip Code)  |

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)

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 Do      | <u>oe</u>   |     |         |
|-------------------------------|--------------------------|--------------|-------------|-----|---------|
| X Remove                      | $\underline{\mathbf{V}}$ | Mike Jo      | <u>mes</u>  |     |         |
| X Add                         | <u>sv</u>                | Sally Sn     | <u>nith</u> |     |         |
| Type of Action<br>(Check One) | <u>Title</u>             |              | <u>Name</u> |     | Address |
| 1) N/A Change                 | N/A                      | _            | N/A         |     | N/A     |
| Add                           |                          |              |             |     |         |
| Remove                        |                          |              |             | -   |         |
| 2) Change                     |                          | _            |             | . , |         |
| Add                           |                          |              |             |     |         |
| Remove 3) Change              |                          |              |             |     |         |
| Add                           |                          | _            | -           |     |         |
| Remove                        |                          |              |             |     |         |
| 4) Change                     |                          | _            |             |     |         |
| Add                           |                          |              |             |     |         |
| Remove                        |                          |              |             |     |         |
| 5) Change                     |                          | _            |             |     |         |
| Add                           |                          |              |             |     |         |
| Remove                        |                          |              |             | _   |         |
| 6) Change                     |                          | _            |             | ·   |         |
| Add                           |                          | <del>-</del> |             | ,   |         |
| Remove                        |                          |              |             |     |         |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |  |
|---|--|
| N/A   |  |
| ·-···   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| F. If 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)      |  |
| N/A   |  |
| <del></del>   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

.

| The date of each amendment                               | N/A<br>(s) adoption:   | , if other than the                     |
|--|--|---|
| date this document was signed                            |  |   |
|  | N/A  |   |
| Effective date <u>if applicable</u> :                    | (no more than 90 days after amendment file date,   |   |
|  | (no more mun 20 days difer amenament file date)  |   |
|  | his block does not meet the applicable statutory filing requirement<br>ne Department of State's records.   | ts, this date will not be listed as the |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |   |
| ■ The amendment(s) was/wer action was not required.      | e adopted by the incorporators, or board of directors without shareh   | older action and shareholder            |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amere sufficient for approval.   | endment(s)                              |
|  | e approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen  |   |
| "The number of votes                                     | cast for the amendment(s) was/were sufficient for approval   |   |
| by   | ."   |   |
| ,  | (voting group)   |   |
| Februa   | ary 12, 2024   |   |
| Dated  | <u> </u>   |   |
| Signature  | 500  | <u>.</u>                                |
| se   | y a director, president or other officer – if directors or officers have lected, by an incorporator – if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary) |   |
|  | Scott R. McMillen  |   |
|  | (Typed or printed name of person signing)  |   |
|  | President/ Secretary/ Director   |   |
|  | (Title of person signing)  |   |

|  | N/A  |   |
|--|--|---|
| The date of each amendment(s) acd this document was signed.                      | loption:   | , if other than the                       |
| nate this document was signed. N/A   |  |   |
| Effective date <u>if applicable</u> :  |  |   |
|  | (no more than 90 days after amendment file da  | te)                                       |
| <b>Note:</b> If the date inserted in this be document's effective date on the De | lock does not meet the applicable statutory filing requirement partment of State's records.                            | ents, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| The amendment(s) was/were ado action was not required.                           | pted by the incorporators, or board of directors without share   | eholder action and shareholder            |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su               | pted by the shareholders. The number of votes cast for the afficient for approval.                                     | imendment(s)                              |
|  | roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amendm |   |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |   |
| bv   | ,,   |   |
|  | (voting group)   |   |
|  |  |   |
| February 9.  | 2024   |   |
| Dated  |  |   |
| <u> </u>   |  |   |
| Signature  | rector, president or other officer – if directors or officers have   | is not been                               |
|  | I, by an incorporator – if in the hands of a receiver, trustee, or   |   |
|  | ed fiduciary by that fiduciary)  |   |
|  | Scott R. McMillen  |   |
|  | (Typed or printed name of person signing)  |   |
|  | President/ Secretary/ Director   |   |
|  | resident Secretary Director  |   |

(Title of person signing)