## K89075

(Requestor's Name)		
(Address)		
(Address)		
(188,835)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Duringer Fatility)		
(Business Entity Name)		
•		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
•		

Office Use Only



500221186035

02/13/12--01007--013 \*\*43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEB 13 PM 1:5

Amend + N.C.

**C.COULLIETTE** 

FEB 1 3 2012

**EXAMINER** 

## **COVER LETTER**

TJK Linfo @ aol · Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Lerner at 954 249-8

Enclosed is a check for the following amount made payable to the Florida Department of State:

,

□ \$35 Filing Fee

Certificate of Status

Status

Status

Certified Copy
(Additional copy is Certified Copy

Certified Copy

Certified Copy

Certified Copy

enclosed) (Additional Copy
is enclosed)

Mailing Address Street Address

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

of					
. Independent Investigational	Review Board, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)					
W1200006179 K89	6075				
(Document Number of Corporation (if k	nown)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
McSharry and Lerner, Inc., name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the				
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	9721 Sea Turtle Dr Plantation, FL 33324				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9721 Sca Turtle Dr Plantation, FL 33324				
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the na me of the				
Name of New Registered Agent 9(1M Lex	ner				
9721 Se	a Turtle Do				
(Florida street	1				
New Registered Office Address: Yanta (City)	14, Florida $3332$ 7 (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.				
Signature of New Registered Age	ont if changing				
Signature of thew Registered Age	3 PH				
	FST FLO				

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: XChange	<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>	<u>Addres</u> s
1) V Change Add Remove	PD	Anta McSharry	5 Sahal Island Driv Ocean Ridge FL 33435
2) Change Add Remove		<u> </u>	
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		_	
6) Change Add Remove	<del></del>		

. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)	
	<u>.</u> .
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)	

. The date of each amendment(s) adopt	ion:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
П. The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	9/12
Signature	Vim lemen
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
_\	(Typed or printed name of person signing)
	(Title of person signing)  (Title of person signing)
	(Title of person signing)