197219

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SECRETARY OF CRAIM ALLAHOSSEE, PLERION

JAN 1 5 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{ration:} Loughren a	and Doyle, P.A.	<u>.</u>		
DOCUMENT NUM	_{BER:} K97219	·····			
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Richard B. Doyle				
		Name of Contact Persor	1		
	Loughren and Do	yle, P.A.			
		Firm/ Company			
	506 SE 8th Stree	t			
		Address			
	Fort Lauderdale,	FL 33316			
		City/ State and Zip Code	2		
rbo	d@loughren-doyle	.com			
(1881	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Richard Doy	le	at (954	525-6006		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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		Street Address Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					
	Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Loughren and Doyle, P.A.

(Name of Corporation as	currently filed with the Flor	rida Dept. of State)	 1, <u>-</u>	
K97219			芒號	5
(Documer	t Number of Corporation (if k	nown)	書話	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation ad	lopts the following am	
A. If amending name, enter the new na	me of the corporation:		1 1	子さ
Loughren, Doyle, and Re	eising, P.A.		The The	S NEDA
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpora		viation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		
a rincipui office address <u>MOSI DE AS</u>	indei address)			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		N/A		
		-		
		-		
D. If amending the registered agent an		s in Florida, enter the nan	ne of the	
new registered agent and/or the new				
Name of New Registered Agent	Richard B. Doyle,	Jr.		
	506 SE 8th Stree	t		
	(Florida street			
New Registered Office Address:	Fort Lauderdale	, Florida_	33316 (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		h and accept the obligation.	s of the position.	
	h(/)(/)	(<u>4</u> .		
Sig	gnature of New Registered Ag	ent, if changing		

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 <math>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	N/A	1
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	<u> </u>			
Add Remove				
2) Change		.		
Add Remove				
3) Change				
Add Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add Remove				
6) Change				
Add		-		
Remove				

E. <u>If amending</u>	or adding additional Arti	icles, enter change	e(s) here:		
	tional sheets, if necessary).	(Be specific)			
N/A				•	
	* .				
			<u></u>		
	······································				
					•
	<u> </u>				
<u> </u>					
				••	
F. <u>If an amend</u>	lment provides for an excl	iange, reclassifica	tion, or cancella	tion of issued sha	res,
<u>provisions</u> (if not a	for implementing the ame applicable, indicate N/A)	ndment if not con	tained in the am	enament itseit:	
N/A	appricacio, maisais imit				
11073					
				<u> </u>	· · · · · · · · · · · · · · · · · · ·

The date of each amendment date this document was signed		_, if other than the
-	January 1, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/wes	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 01/0	08/2015	
DatedSignature	PUSOL.	
(E	By a director, president or other officer) if directors or officers have not been	_
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
aj	sponted fiduciary by that fiduciary)	
	Richard B. Doyle, Jr.	
	(Typed or printed name of person signing)	
	Director.	
	(Title of person signing)	_

}