## L53555

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(E	Business Entity Name)				
J)	Document Number)				
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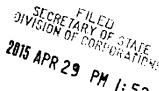
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOSCOL	vitz + mascowitz P.A.					
DOCUMENT NUMBER:	53555					
The enclosed Articles of Amendment and fee are sub-	omitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Ja	ine w. moscowitz					
<del></del>	Name of Contact Person					
<u> </u>	witz +MOSCOWitz, P.A. Firm/Company					
	Firm/ Company					
	Thambra Circle, Ste 1200					
Coval	Address  6ables, FL 33134  City/ State and Zip Code					
	City/ State and Zip Code					
E-mail address (to be use	Cowitz amoscowitz. Com ed for future annual report notification)					
	, , , , , , , , , , , , , , , , , ,					
For further information concerning this matter, please	e call;					
1- 4 0.						
<u>Jackelang</u>	at (305) 379-8300 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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



MOSCOWITZ + MOSCOW	1,tz P.A. "33
(Name of Corporation as currently filed with the	
L 53555	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	201 Alhambra Circle 5vite 1200
	Coral bables, FL 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	201 Alhambra Circle
	Suite 1200 Coral tables, FL 33134
	Coral Fables, FL 33134
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
201 Alhar (Florida	mbrg Circle 5te 1200 street address)
New Registered Office Address: Coral Gable	estreet address)  eS  Florida  (Zip Code)
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
hereby accept the appointment as registered agent. I am familia	
Signature of New Registered	d tagent if changing
Signature of New Kegistered	a Agent, ij Ununging

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 Do	<u>e</u>					
X Remove	<u>v</u>	Mike Jones						
X Add	<u>sv</u>	Sally Sm	<u>nith</u>					
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s				
1) Change		_						
Add								
Remove								
2) Change		_						
Add								
Remove								
3) Change		_						
Add								
Remove				•				
4) Change		_						
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5) Change	<del></del>	_						
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Remove								
6) Change	<del></del>	<del></del>						
Add								
Remove								

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nrovision	is for imple	menting the	amendn	e, rectass	t containe	d in the a	mendmei	nt itself:	11 (3)	
(if no	t applicable	indicate N/2	4)							
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: May 2, 2015  (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"  (voting group)	
(voting 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 9/27/2015	
Signature MMWW (I) WOWN (1)	_
(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)	
MORMAN A. MOSCOWTO (Typed or printed name of person signing)	· 
(Typed or printed name of person signing)	
the Vice- tresident	_
(Title of person signing)	