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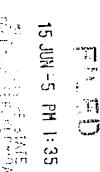
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COVER LETTER

TO: Amendment Section

Division of Corporations			3
NAME OF CORPORATION:	Moscowi	tz + Mosc	owitz, P.A.
DOCUMENT NUMBER:	<u> </u>	55	
The enclosed Articles of Amendmen	at and fee are subn	nitted for filing.	्ति <u>।</u> स
Please return all correspondence con	cerning this matte	r to the following:	का का
	Jane	1. Mascaul	<i>f</i> _
	اعدار ه	Name of Contact Person	, _
		i+2 + MOSCO	
-		Firm/ Company	
			de, 5 te 1200
		Address	
(Toral Ga	City/ State and Zip Code	3/34
		City/ State and Zip Code	e
in	nccant	a) Marca	42 cm
E-mail a	ddress: (to be used	for future annual report	172. Cory
For further information concerning t	his matter please	nall.	
Tot further information concerning to	ma matter, prease	zarr.	
Jackie Paya		at (305	de & Daytime Telephone Number
Name of Contact ¹ Per	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made pay	yable to the Florida Depa	artment of State:
-	Filing Fee & cate 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		Street	Address
Amendment Section		Amend	ment Section
Division of Corpo	rations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32	2314		Building xecutive Center Circle
rananassee, I'L 32	-J 1 T	∠001 E	VOCULIAE CELLE! CHICIG

Tallahassee, FL 32301

Articles of Amendment

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	Articles of Amendment		
•	to Articles of Incorporation		
11-50 1:1	· of		7 1
MOSCOWITZ	! MOSCOWITZ	P.A.	هن کی
(<u>Name of Corpo</u>	ration as currently filed with	the Florida Dept. of State	
	<u> ん53555</u>		- E /A
(Do	ocument Number of Corporation	on (if known)	
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:		ofit Corporation adopts the	following amendment(s) to
If amending name, enter the new name of th	e corporation:		
une must be distinguishable and contain the			The new
Enter new principal office address, if application of the address MUST BE A STREET A			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX		
		· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or reg new registered agent and/or the new registe		ida, enter the name of the	
Name of New Registered Agent		<u> </u>	
	(Florida street address)		
Van Darie Homanii			
New Registered Office Address:	(City)	, Florida_	(Zip Code)
	1 - 27		,
ew Registered Agent's Signature, if changing		and the state of the control of the	
hereby accept the appointment as registered age.	ni. I am jamiliar with and acc	cept the obligations of the p	osition.
	Signature of New Registered A	gent, 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 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:	e, and surry smart	i, or us un nua.	
X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
X Add	<u>ŞV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Jane w. Moscowitz	201 Alhambralirde 312 1200
Add			
Remove			Coral Gables, FL 33/34
2) Change	VT	Norman A. Moscowitz	201 Alhambra Circle
Add			5te 1200
Remove			Ste 1200 Coral Gables, FL 33/34
3) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
4) Change			
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5) Change	<u></u>		
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6) Change			
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	or adding additional sheets, if no	ecessary). (Be	e specific)				
						*	
						 	
							
							
provisions f	or implementir	or an exchange	ent if not conta	on, or cancenat	ion of issued sha endment itself:	ares,	
(if not a	pplicable, indica	ate N/A)					
					 		
					·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5/21/15	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
. The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Numan WWW. S	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of breceiver, trustee, or other coappointed fiduciary by that fiduciary)	n urt
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	