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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: GAY AND LESSETA	~ Lawyers Network, Inc
DOCUMENT NUMBER: N1100000 9132	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michele A. Crosa, ESq. (Name of Contact Person	
(Name of Contact Pers	Son)
Elswyer, Srown, Lewis Franke (Firm/Company)	el+ Christ, P.A.
4000 Holy wood Blvd., Svite (Address)	265-So4h
Hollywood, Fz. (City/ State and Zip Co	ode)
MCrosa Delsinger LAW. Co E-mail address: (To be used for future annual repo	rt notification)
For further information concerning this matter, please call:	
Michael A. Crosa Esq. at	954-894-8000 (ELT. 264)
(Name of Contact Person)	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida De	partment of State:
■\$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Amendment Section Ame Division of Corporations Divis	et Address ndment Section sion of Corporations on Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) N 1 000 9 13 2 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "line." "Company" or "Co." may not be used in the name. B. Enter new principal office address if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Upon Holy word for 33331 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address. Name of New Registered Agent: Michael A. Coa ESQ. 4000 Holy word for the name of the new registered office address: New Registered Agent and/or the new registered office address: Holy word for the name of the new registered office address: New Registered Agent and Office Address: Holy word for the name of the new registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. New Registered Agent: I changing Registered Agent. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	6AY AND CESSIAN LAWYERS NETWORK, INC.
Pursuant to the provisions of section 617.1006, Florida Statutes. this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: Mand of New Registered Agent: Michael A Losa ESA Lo	
Pursuant to the provisions of section 617.1006, Florida Statutes. this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: New Registered Agent: All DODO Holywood Florida, enter the name of the new registered agent and/or the new registered office address: Holywood Flory Dod Flor	N11000009132
A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "he." "Company" or "Co." may not be used in the name B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Principal office address, if applicable: (Mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Aame of New Registered Agent: MICHEL A. LOSA ESQ. 1000 Ho Www. Registered Agent: MICHEL A. LOSA ESQ. 1000 Ho Www. Registered Agent: Florida street address: Florida 33-21 New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. Signature of New Registered Agent. If changing Registered Agent:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." """ """ "Inc." "" """ "Inc." """ "" """ "Inc." """ "Inc." """ "Inc." """ "Inc." """ """ "Inc." """ """ """ """ """ """ """ """ """	
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(Principal office address MUST BE A STREET ADDRESS) Se COND FLOOR FT. CARRIAGE, FL. 33361 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Low Huly wood Blvd, Ste. 265-5046 Holy wood, FL. 23521 D. If amending the registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Agent: Michelle A. Cosa ESq. Lova Esq. L	name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) LOW Holy wood B(V) Ste. 265-50-46 Holy wood EL 2302] D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: Holy wood Bod. Ste. 265-50-46 Wew Registered Office Address: Holy wood Bod. Ste. 265-50-46 (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Principal office address: MUST RE 4 STREET (DDRESS)
Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX) (D) May wood B(V) Ste. 265-50-46 Holy wood FL 2302 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Michelle A. Cosa ESG.	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: MICHELE A. COSA ESG U000 Holywood Blad. Stc. 265 South (Florida street address)	(Mailing address MAY BE A POST OFFICE BOX) (B MUNCLE H. CIOX, CSq.) 4000 Holy wood BIVE, Ste. 265-504
Name of New Registered Agent: MICHEL A. COA ESG. HOUND Holywood BVd. Stc. 265 South New Registered Office Address: Holywood . Florida 33021 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Egyptical States agent. I am familiar with and accept the obligations of the position.	D. If amending the registered agent and/or registered office address in Florida, enter the name of the
New Registered Office Address: Holywood Florida Street address (City) Florida 33021 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Fig. 32021 Signature of New Registered Agent, if changing Fig. 32021	Name of New Registered Agent: Michele A. COSA ESG.
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing in the changing in the control of	4000 Holywood BVd. Stc. 265-Sath
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Signature of New Registered Agent, if changing 5	New Registered Agent's Signature, if changing Registered Agent:
	C.
· Para Para Para Para Para Para Para Par	

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 X Remove A Add	PT John J V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	<u>P</u>	TOM RUNYAN	707 N.E. THIRDAUE.
Add Remove			Svite 300 FT. LAUderdyty Fz. 3230 Y
2) Change	TR	ANDREWJIMENE	100 S.E. Thus AvenUE Suite 1514
Add Remove 3) Change Add	VP	Robin T. King	FT. LANderdole, FZ 33394 200 EAST Browns BLVD. Suite 2100
Remove 4) Change Add	<u> </u>	Eriel-Lundt	Fr. Lavdersale, Fr. 333=1 401 EASTLASOINS RULE. SVIKE 1000
Remove 5)	<u> </u>	Meghana M. Saoji	FT. LANDERSAKE, FC 33301 600 SOUTH ANDREWS AVENUE SECOND FLOOR FT. LANDERSAKE, FC 33301
6) K Change Add	TR	Michele A. CrosA	4000 Hollywood Blvd. Sute 265-Sath Hollywood Fr 33021
Remove		Page 2 of 4	Hollywood, FC 53021

stach additional shee	s, y necessary).	(Be specific)	,			
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The date of each amendm	ent(s) adoption:	, if other than th
date this document was sign	ned.	
Effective date <u>if applicabl</u>	le:	
	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was was/were sufficient fo	is/were adopted by the members and the number of votes cast for the amendmer rapproval.	nt(s)
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/wer of directors.	re
Dated	6/12/2017	
Signature		
hav	the charman or-vice chairman of the board, president or other officer-if directon veron been selected, by an incorporator - if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)	
	Michele A. Cross, ESq. (Typed or printed name of person signing)	_
	(Title of person signing)	