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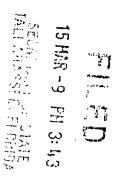
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COVER LETTER

TO: Amendment Section Division of Corporations				The second	15
NAME OF CORPORATION: LS		15 HAR			
DOCUMENT NUMBER: P0000008232					<u> </u>
The enclosed Articles of Amendment				- Me. 120)	PH 3: 43
Please return all correspondence conc	erning this matter	to the following:			<u></u>
LOUISE	BUEHL	.ER		27.0	
-		Name of Contact Person	n		
		Firm/ Company			
6408 S	WEET M	APLE LANE			
POCA I		Address			
BOCA		FL 33433 City/ State and Zip Code	Α		
E-mail add		for future annual report	notification)	_	
LOUISE BUEHLER	3	at (561	, 212-0276		
Name of Contact Person			de & Daytime Telephone N	umber	
Enclosed is a check for the following	amount made pay	able to the Florida Depa	artment of State:		
	Filing Fee & [3\$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 Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations on Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

LSB & ASSOCIATES, P.A.		哥/海 一	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)		one in the
P0000008232			1/1
(Document Number of Corporation (if	(known)	- 	
		. 200. ~	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts t	7 1	7 2
its Articles of incorporation.		1. SES	
A. If amending name, enter the new name of the corporation:		EAR 5)
LOUISE BUEHLER, P.A.		Ţ Th	e new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation i	l" or the abbro name must con	eviation tain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	_		
	<u></u>		
D. If amending the registered agent and/or registered office addr		<u>the</u>	
new registered agent and/or the new registered office address	<u>:</u>		
Name of New Registered Agent			
(Florida str	reet address)		
V D - 1000 - 111	, Florida		
New Registered Office Address: (City)	, Fibrida	Zip Code)	
New Registered Agent's Signature, if changing Registered Agent		2	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of th	he position.	
	······································		
Signature of New Registered A	Agent, 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: X Change	<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) Change	 .		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
 -1			
6) Change			
Add			
Remove			

If amending or adding additional Arti	(D)	<u>10</u> .	
(Attach additional sheets, if necessary).	(Be specific)		
_ _			
		·	
		· · · · · · · · · · · · · · · · · · ·	-
		 · ·	
			
If an amendment provides for an exch	ange reclassification (r cancellation of ice	uad charas
provisions for implementing the ame	ndment if not contained	in the emandment	ueu siiri es.
(if not applicable, indicate N/A)	nument if not contained	i in the amendment	itseii:
(ij noi applicable, indicate N/A)			
			
			
···	·· ·	 	
			

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Enective date it appricable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fiscient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 03/04/20	015	
Signature C	Louise Backle	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LOUISE BUEHLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	