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COVER LETTER

Division of Corporations NAME OF CORPORATION: Hirschberg & Sartoian, P.A. DOCUMENT NUMBER: P00000059263 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debra H. Sartoian Name of Contact Person Hirschberg & Sartoian, P.A. Firm/ Company 304 Indian Trace #512 Address Weston, FL 33326 City/ State and Zip Code sardeb@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 632-7791

Area Code & Daytime Telephone Number Debra Sartoian Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Hirschberg & Sartoian, P.A.

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nirschberg & Sartolan, F.A.			
(Name of Corporation as currently filed with the I	Florida Dept. of State)		
P0000059263	WELL WOOD TO WE WAR		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s		
A. If amending name, enter the new name of the corporation:			
	The 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 name must contain the "P.A."		
B. Enter new principal office address, if applicable:	1253 Camellia Circle		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Weston, FL 33326		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 Indian Trace #512		
	Weston, FL 33326		
D. If amending the registered agent and/or registered office add			
new registered agent and/or the new registered office address: Name of New Registered Agent Debra H. Sartoian			
304 Indian Trac	ce #512		
(Florida si	treet address)		
New Registered Office Address: Weston	, Florida 33326		
(City			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	v) (Zip Code) ut:		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Herbert L. Hirschberg	2000 Island Blvd #804
Add			Aventura, FL 33160
Remove			
2) Change	Р	Debra H. Sartoian	1253 Camellia Circle
Add			Weston, FL 33326
Remove			
3) Change			
Add			
Remove			
4) Change			
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment date this document was signed	(s) adoption: 17 1/2015	, if other than the
Effective date if applicable:	1/1/2015	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/well by the shareholders was/well	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/wer action was not required.	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		
Signature		
(B	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 provinted fiduciary by that fiduciary	_
	(Typed or printed name of person signing)	_
		
	(Title of person signing)	