(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STOK FOLK + K	ON, P.A.				
DOCUMENT NUMB	ER: P01000002990					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	BADIANA GARCIA/JESEN	RIA GIL				
-	Name of Contact Person					
	STOK FOLK - KON, P.A.					
-		Firm/ Company				
	LEAST BROWARD BLVD	SUITE 915				
-	- · · · ·	Address				
	FORT LAUDERDALE, FL 33301					
-		City/ State and Zip Cod	e			
BGAF	RCIA@STOKLAW.COM					
	E-mail address: (to be up	sed for future annual report	notification)			
For further information	concerning this matter, pleas	954	237-1777			
Name o	f Contact Person	at () de & Daytime Telephone Number			
	the following amount made		•			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assec, FL 32301			

Articles of Amendment

STOK FOLK + KON, P.A.



P01000002990	<u>inon as currentr</u>	s med with the Piorida Dept. of State)
	umant Number of	Corporation (if known)
(1960)	ument stumber of	Corporation (11 known)
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this i	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
STOK + KON, P.A.		The new
	rp, " "Inc, " or "	n," "company," or "incorporated" or the abbreviation "o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		LEAST BROWARD BLVD, SUITE 915
		FORT LAUDERDALE, FL 33301
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1 EAST BROWARD BLVD, SUITE 915
		FORT LAUDERDALE, FL 33301
D. If amending the registered agent and/or regist new registered agent and/or the new registere		
Name of New Registered Agent	A. STOK	
· · · · · · · · · · · · · · · · · · ·	BROWARD BLV	D, SUITE 915
	(Florida stre	et address)
New Registered Office Address: FORT LA	UDERDALE, FI	, Florida 33301
		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		with and accept the obligations of the position
Siz	gnature of New Re	rgistered 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: <u>X</u> 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		.	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
č. Ob.			
51 Change			<u> </u>
Add			
Remove			1
6) Change		_	
Add			
Ramona			

Attach ada	ditional sheets, if	ditional Articles, ent (necessary) (Be sp	vecifie)			
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<u>If an ame</u> provision	ndment provide as for implement	s for an exchange, re ting the amendment	<u>eclassification, or c</u> if not contained in	<u>cancellation of issu</u> 1 the amendment it	<u>ed shares,</u> self:	
(if no	ot applicable, ind	licate N/A)	. <u>-</u>			
		<u></u>				
					·	
·						

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (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) (<u>CHECK ONE</u>)	
■ 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).	me <i>nt</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 4, 17,19	
Signature (By a director, provident or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
ROBERT A. STOK, ESQ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	