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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

 $(x,y) = \frac{1}{x} \left(\frac{1}{x} - \frac{1}{x} - \frac{1}{x} - \frac{1}{x} - \frac{1}{x} - \frac{1}{x} \right)$

NAME OF CORPO	RATION: Groelle & Salmon	. P.A.			
DOCUMENT NUM	BER:				
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	David J. Salmon				
	Name of Contact Person				
	Salmon & Salmon, P.A.				
	Firm/ Company				
	11301 Okeechobee Blvd., Second Floor				
		Address			
	West Palm Beach, FL 33411				
		City/ State and Zip Code)		
	dsalmon@salmon-salmon.cc	ND			
		sed for future annual report	notification)		
	(1	,	,		
For further informati	on concerning this matter, pleas	se call:			
David J. Salmon		at (735-7080		
Name	of Contact Person		le & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	iling Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Groelle & Salmon, P.A.

(Name (f Corporation as currently filed with t	he Florida Dept. of State)	
P01000034056			1
	(Document Number of Corporation	(if known)	C7
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following amendmen	
A. If amending name, enter the new na	ime of the corporation:		
Salmon & Salmon, P.A.		The new	
	"orp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation "Corp.," I corporation name must contain the word	
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and the registered agent agent and the registered agent ag	d/or registered office address in Florid	a, ente <u>r the n</u> ame of th <u>e</u>	
new registered agent and/or the new Name of New Registered Agent	David J. Salmon		
<u> </u>	11301 Okeechobee Blvd., Second Floor	· · · · · · · · · · · · · · · · · · ·	
	tFlorida street address)		
New Reg <u>istere</u> d Office Address:	West Palm Beach	. Florida 33411	
Men Registered Office Made ess.	(City)	(Zip Code)	
New Registered Agent's Signature, if ell I hereby accept the appointment as regist	nanging Registered Agent: ered agent.—I am familiar with and accept Signature of New Registered Age		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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	PTD	Robert C. Groelle	
Add XX Remove			
2) X Change	PSD	David J. Salmon	112 Southside Dr., P.O. Box 3026
Add			Breckenridge, CO 80424
Remove 3) Change	VTD	Kimberly A. Salmon	112 Southside Dr., P.O. Box 3026
XX Add			Breckenridge, CO 80424
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	<u> </u>
	<u> </u>
	
<u>If an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

	adoption:	, if other than the
date this document was signed. M	arch 5, 2025	
Effective date if applicable:	(no more than 90) days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and	
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	2625 Fire 10
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	5
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	·	· · ·
	(voting group)	
February Dated	3, 2025	
Signature	12	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that tiduciary)	
	David J. Salmon	
	(Typed or printed name of person signing)	
	Incorporator, V-P, Sec.	
	(Title of person signing)	