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COVER LETTER

TO: Amendment Section Division of Corporations

ш					
NAME OF CORPORATION:			AMEY. P.A.		
DOCUMENT NUMBER: P(0100006376	2			
The enclosed Articles of Amend					
Please return all correspondence	concerning this mat	ter to the following:			
HEIDI PERLET					
PERI	_ET, SHINEI	Name of Contact Person	•		
Firm/ Company 515 N. FLAGLER DRIVE, SUITE 701					
WES	T PALM BE	ACH, FL 33401			
		City/ State and Zip Cod	e		
	∕@yahoo.coi				
Œ-m	ail address: (to be us	ed for future annual report	notification)		
For further information concern	ing this matter, pleas	e call:			
HEIDI PERLET		at (561	721-0552		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the follo	owing amount made p	payable to the Florida Dep	artment of State:		
	13.75 Filing Fee & ertificate 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, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation of

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PERLET, SHINER & MCKAMEY. P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000063762

dment(s) to

(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amen	
A. If amending name, enter the new name of the corporation: PERLET, SHINER, MCKAMEY, MELCHI	ORRE & WALSH, P.A.	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	515 N. FLAGLER DRIVE, SUITE 701	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PALM BEACH, FL 33401	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	515 N. FLAGLER DRIVE, SUITE 701	
	WEST PALM BEACH, FL 33401	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar		

Mamending 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_		
Remove				
(I) Characa				
4) Change		_		
Add Remove				
Kemove				
5) Change		-		
Add				
Remove				
δ) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: JULY 15, 2015
Effective date if applicable: JULY 15, 2015
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated JULY 16, 2015
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
HEIDI PERLET
(Typed or printed name of person signing)
VICE PRESIDENT
(Title of person signing)