# P0/000/05/60

•		
(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(AC	idless)	
(Cil	ty/State/Zip/Phone	÷#)
☐ PICK-UP	☐ WAIT	MAIL
	<b>—</b> ******	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		





600245807426

03/19/13--01008--021 \*\*35.00



Aherl.

3-26-B

### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Randi M. Krongold, P.A. P01000105160 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Randi M. Krongold Name of Contact Person Randi M. Krongold, P.A. Firm/ Company 201 Alhambra Circle, Suite 514 Address Miami, Florida 33134 City/ State and Zip Code rkrongold@ktslawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Randi M. Krongold Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

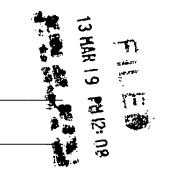
2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation of

# Randi M. Krongold, P.A.

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

(Document Number of Corporation (if known)



nent(s) to

ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professi		
. Enter new principal office address,	if applicable:	201 Alhar	mbra Circle, Suite 514	
rincipal office address <u>MUST BE A STREET ADDRESS</u> )		Coral Gables, Florida 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		201 Alhar	mbra Circle, Suite 514	
		Coral Gables, Florida 33134		
. If amending the registered agent an	ıd/or registered office add			
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		dress in Florida, e		
		dress in Florida, e ss:	enter the name of the	
new registered agent and/or the new	201 Alhambra	dress in Florida, ess:  Circle, Suit	enter the name of the	
new registered agent and/or the new	v registered office address	dress in Florida, e ss: Circle, Suit treet address) Florida	enter the name of the	

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If ame</u> (Attach	nding or adding a additional sheets.	dditional Articl	les, enter cha (Be specific)	nge(s) here:			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	actinional bycots,	y nocomany).	(Be specific)				
		<u> </u>					
		,					
		. <u>–</u> . <u>-</u>					
						"	
					<del></del>		
	-						
	•						
F. <u>If an a</u> <u>provi</u>	mendment provid sions for impleme	les for an excha nting the amen	nge, reclassif dment if not c	cation, or can	<u>icellation of is</u> ie amendment	sued shares, itself:	
	if not applicable, in	ndicate N/A)	-				
				· · · · · · · · · · · · · · · · · · ·	· · · <del></del>		
				<del> </del>			
			· · · · ·				
		· · · ·					
			<del>.</del>			·	

The date of each amendment(s) ac	doption: IVIAICH 8, 2013
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted 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
<sub>Dated</sub> 3/8/20	13   C   MM   V   V   V   V   V   V   V   V
Signature	WWW MAS
	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
appoin	ted fiduciary by that fiduciary)
	Randi M. Krongold
	(Typed or printed name of person signing)
	President
	(Title of person signing)