## PD2000017812

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## **COVER LETTER**

TO: Amendment Section Solvision of Corporations

NAME OF CORPORATION:	Stein & Ste	ein, P.A. Attorney	ys & Counselors	
DOCUMENT NUMBER: PO				
The enclosed Articles of Amend			-	
Please return all correspondence	concerning this ma	itter to the following:		
Craig	D. Stein			
		Name of Contact Person	n	
Stein	& Stein, P.	A. Attorneys & C	counselors	
<del>,<u>.</u>.,</del>		Firm/ Company		
205 V	Vorth Avenu	ie, Suite 203		
		Address	·	
Palm	Beach, FL	33480		
		City/ State and Zip Cod	e	
cstein@s	teinsteinlav	v.com		
		sed for future annual report	notification)	
For further information concerns	ng this matter, plea	se call:		
Craig Stein				
Name of Contact	Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:	
	3.75 Filing Fee & rtificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		lment Section on of Corporations Building executive Center Circle		



April 22, 2014

STEIN & STEIN, P.A. % KAREN M. BARNES 205 WORTH AVENUE - STE. 203 PALM BEACH, FL 33480

SUBJECT: STEIN & STEIN, P.A. ATTORNEYS & COUNSELORS

Ref. Number: P02000077812

We have received your document for STEIN & STEIN, P.A. ATTORNEYS & COUNSELORS and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 114A00008597

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

he Florida Dept. of State)	
on (if known)	_
this Florida Profit Corporation adopts the following	ng amendment(s) to
<u>u</u>	
	The new
ration," "company," or "incorporated" or the or "Co". A professional corporation name mussion "P.A."  N/A	abbreviation
	_
N/A	FILED SIATE (NEW YORK)
ress:	
la street address)	
,	
City) (Zip Code)	<del></del>
, , , , , , , , , , , , , , , , , , , ,	_
	this Florida Profit Corporation adopts the following:  Exaction," "company," or "incorporated" or the for "Co". A professional corporation name must for "P.A."  N/A  N/A  Address in Florida, enter the name of the ress:  To street address)  Ja street address)  Ja street address)  Ja street address)  Ja street address (Zip Code)

## 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>	Address
1) Change		N/A	
Add Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change		<del></del>	<del></del>
Add			
Remove			
6) Change Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A					
	<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·			
		<del></del>			
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<del></del>					
F. If an amendment prov provisions for implem	ides for an exchang	ge, reclassifica	ation, or cancella	tion of issued share	res.
(if not applicable,	indicate N/A)	HERE II ROLCO	ntamed in the am	endment itsen.	
N/A					
					<u>.</u>
					<del> </del>

The date of each amendment(s)	adoption: 4/29/14	, if other than the
date this document was signed.		<b>,</b>
Effective date if applicable: 4	/29/14	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.19	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.	are the state of t	
<sub>Dated</sub> April 2	9, 2014	
Signature	Land	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Craig D. Stein	
	(Typed or printed name of person signing)	<del></del>
	Vice President	
	(Title of person signing)	<del></del>

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