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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Laskin Kramer &	Weiss, P.A.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Andrew L Krainer		
·		Name of Contact Person	1
	Laskin Kramer & Weiss, P.A		
•		Firm/ Company	
	490 Sawgrass Corp Pkwy Su	ite 100	
	<u> </u>	Address	
	Sunrise FL 33325		
		City/ State and Zip Code	2
iane@	lkwpa.com		
	•	sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
Andrew L Kramer		at (⁹⁵⁴	474-6660
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
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)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Laskin Kramer & Weiss, P.A.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
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(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
Laskin Kramer Weiss & Menahem, P.A.	The new
name must be distinguishable and contain the word "corport "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floria	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	
Signature of N	New Registered 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 = Chie, 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:	оче, ина запу зт	un, 5r as an Maa.	<i>></i>
X Change	PT John	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Va	Todd S Menahem	490 Sawgrass Corporate Parking
X Add			Suite 100
Remove			Sunrise FL 33325
2) X Change		RONI D LASKIN	490 SANGRASS GRPSRAGE PARKWAY
Add			SUITE 100
Remove			SUNRISE, FC 33325
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	10
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		Millian
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fan amandmant nuasidae fan an avahe	ange, reclassification, or cancellation of issi	und charge
	idment if not contained in the amendment i	
(if not applicable, indicate N/A)		
		<u> </u>
·		

The date of each amendment(s) ac	option:	, if other than th
date this document was signed.		
Janu	ray 1, 2019	
Effective date if applicable:	(no more than 90 days after amendment file do	atal
	(no more than 50 days after amenament fite at	ne)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendn	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	10 JE 17
by	(voting group)	
	(voting group)	· · · · · · · · · · · · · · · · · · ·
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	d shareholder 5: 5
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sha	archolder ()
Dated	12/26/2018 CM 2 M	
Signature	a 2 1/2	
(By a di selected	rector, president or other officer – if directors or officers have a nincorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	