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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Law Offices of Cra	ig Goldenfarb, P.A.				
	BER: P02000100048					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Craig M. Goldenfarb. Esq.					
		Name of Contact Person	n			
	GOLDLAW, P.A.					
	Firm/ Company					
	1641 Worthington Rd., Suite	300				
	Address					
	West Palm Beach, FL 33409					
	City/ State and Zip Code					
	rbentley@goldlaw.com					
	E-mail address: (to be us	ed for future annual report	notification)			
	n concerning this matter, pleas		697-4440			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	artment of State:			
S35 Filing Fee	■S43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

Law Offices of Craig Goldenfarb, P.A.

in the second se	ntly filed with the Florida Dept. of State)
02000100048	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
OLDLAW, P.A.	The new
ame must be distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
. Enter new principal office address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
	W-1 - 1
Enter non-calling address if annihable.	. ~
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA 124
	SE
	<u> </u>
. If amending the registered agent and/or registered office ad	dress in Floridy, anter the name of the
new registered agent and/or the new registered office addre	
Name of Nam Parintened Laure	
Name of New Registered Agent	
(5)	
(r tortaa s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	·
ew Registered Agent's Signature, if changing Registered Ager	nt.
hereby accept the appointment as registered agent. I am familian	<u>n:</u> r with and accept the obligations of the position.
	, , , , , ,
Signature of New	Registered Agent, if changing

Check if applicable

 \square 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 Do	<u>e</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	NA	.
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
lA	
	<u> </u>
	
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	-
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
province for implementing the	ndment if not contained in the amendment itself:
provisions for implementing the ame	
(if not applicable, indicate N/A)	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
•	ugust 12, 2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this date. Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
bv NA	, w	
, <u> </u>	(voting group)	
Dated	12, 2024	
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 cour inted fiduciary by that fiduciary)	t
	Craig M. Goldenfarb, Esq.	
	(Typed or printed name of person signing)	
	Officer/Director	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Law Offices of Cra	aig Goldenfarb	, P.A.	
	1BER: P02000100048			
	es of Amendment and fee are su	bmitted for fill	ing.	
Please return all cor	respondence concerning this ma	tter to the follo	owing:	
	Craig M. Goldenfarb, Esq.			
		Name of C	ontact Persor	
	GOLDLAW, P.A.			
		Firm/ (Сопірапу	
	1641 Worthington Rd., Suite	300		
		Ad	dress	
	West Palm Beach, FL 33409			
	-	City/ State	and Zip Code	
	rbentley@goldlaw.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
	on concerning this matter, pleas utive Assistant to Mr. Goldenfa		.561	_) 697-4440
Name	of Contact Person	a. (Area Coo	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the		•
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ((Additiona enclosed)	Сору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.(niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303