P63000 143556

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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MAR 0 3 2020 S. YOUNG

COVER LETTER,

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: JEFF R. 146ER P.A. DOCUMENT NUMBER: PO3000/43556
DOCUMENT NUMBER: P03000/43556
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company
1840 RADIUS DR.
1840 RADIUS DR. Address HOLLYWOOD R 33020 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 520 - 8373 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

$\overline{}$	01	
EFF K. MAG	SER P.A.	
(Name of Corporation a	as currently filed with the Florida Dept. of State)	
LO30	000143556	
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment	ent(s) to
A. If amending name, enter the new name of the corpo	ogration:	
$\overline{}$		
name must be distinguishable and contain the word "corpo	poration," "company," or "incorporated" or the abbreviation "Corp., or "Co". A professional corporation name must contain the word	f
B. Enter new principal office address, if applicable:	975 WHENE WILLIAM W	بنصل
(Principal office address MUST BE A STREET ADDRE	ESS) 4004 WILLOW U	7
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_ 975 WEEPING WILLOW C	UM,
	475 WEEPING WILLOW C HOLLYWOOD FZ 330,9	/
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the ice address:	
Name of New Registered Agent		
	(Florida street address)	
Name Projectional Officer (Advisory		
New Registered Office Address:	(City) Florida (Zin Code)	
	220 1	
New Registered Agent's Signature, if changing Register	ered Agent:	77
I hereby accept the appointment as registered agent. I am	m familiar with and accept the obligations of the positions	- Term
	대왕의 대왕의	,
	TO A	
Signature	re of New Registered Agent, if changing	trad
	The by their Registered Agent, if Changing	

Check if applicable

[☐] 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 1</u>	John Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
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			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

Attach additional sheets, if nece	nal Articles, enter essary). (Be speci)	(ic)			
					
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f an amendment provides for provisions for implementing	an exchange, recla	i <u>ssification, or car</u> not contained in t	<u>rcellation of issued</u> he amendment itse	<u>shares,</u> If:	
(if not applicable, indicate	N/A)			_	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ing statement mt(s);
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedSignature	02/03/2000 11/2 2 Non	
(By a d	irector, president or other officer – if directors or officers have d. by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	not been other court
	(Typed or printed name of person signing)	
	_	
	(Title of person signing)	
	(Title of person signing)	