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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DAVID R. SCHW/	ARTZ, P.A.		
DOCUMENT NUME	BER:			
	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	tter to the following:		
	DAVID R. SCHWARTZ			
		Name of Contact Person		
	DAVID R. SCHWARTZ, P.A.			
		Firm/ Company		
	6803 Lake Worth Road, Suite	215		
		Address		
	Greenacres, Florida 33467			
		City/ State and Zip Code	;	
	apk@davidrschwartzlaw.com	1	,	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:at (561	. 966-1709	
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED
2022 FEB -8 PM 12: 29

DAVID R. SCHWARTZ, P.A.

(Name o	f Corporation as current	ly filed with the Florida De	pt. of State) H. C. C. C. State
P04000087784			Mm351E, File
<u> </u>	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
SCHWARTZ & KAVEKOS, P.A.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
D. If amending the registered agent ar	nd/or registered office add	tress in Florida, enter the n	name of the
new registered agent and/or the new			<u> </u>
Name of New Registered Agent	N/A		
the state of the s		-	
	(Florida s	treet address)	
New Registered Office Address:			, Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ager tered agent. I am familiar	<u>tt:</u> with and accept the obligati	ons of the position.
, 1 TE	,,	, .,	
	e:	Davidsand Agast 10 at annin	
	signature oj New	Registered Agent, if changing	ĸ.

Check if applicable

[2] 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.

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>	Name	<u>Addres</u> s
1) Change	VP	ANGELIKI KAVEKOS	6803 Lake Worth Road,
X Add	<u> </u>		Suite 215
Remove			Greenacres, FL 33467
2) Change	_		_
Add			
Remove Change			
Add			-11-11-
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
Α	
	
	<u> </u>
It an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	- Company II And Commission III (III and Commission III)
'A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. I	February 4, 2022	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	e 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 actio	n 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 e sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature(By	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	DAVID R. SCHWARTZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	