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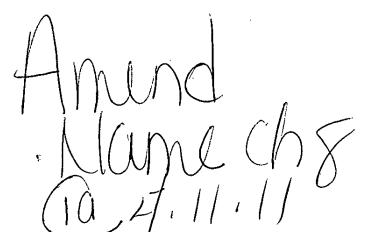


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SECRETARY OF STATE BIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	COHEN & OWENS, P.A.		
DOCUMENT NU	JMBER:	P04000130976		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	nis matter to the following:		
		EMY A. COHEN, ESQ.		
]	Name of Contact Person		
	co	HEN & OWENS, P.A.		
		Firm/ Company		
	3801 HOLLYWOOD BOULEVARD, SUITE 200			
		Address		
	HOLLYWOOD, FL 33021			
		City/ State and Zip Code		
	Jeremy(E-mail address: (to be us	©cohenowens.com ed for future annual report notification)		
For further inform	ation concerning this matter	, please call:		
Jere	my A. Cohen, Esq.	at (954) 92	3-3801	
	of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a chec	k for the following amount i	made payable to the Florida Departi	ment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

COHEN & OWENS, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000130976

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of	the corporatio	<u>n:</u>	
— CLG, P. name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "profes	he word "cor _l designation "C	orp," "Inc," or "Co". A	professional corporation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		N/A	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new regis 	E BOX) egistered office		r the name of the
		COHEN, ESQ.	
	955 NW 17T	H AVENUE UNIT D	-
<u>!</u>	DELRAY BE	4CH	, Florida <u>33445</u> Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am Jam	agent:	obligations of the position.



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 31, 2011

JEREMY A. COHEN, ESQ. COHEN & OWENS, P.A. 3801 HOLLYWOOD BOULEVARD - SUITE 200 HOLLYWOOD, FL 33021

SUBJECT: COHEN & OWENS, P.A.

Ref. Number: P04000130976

We have received your document for COHEN & OWENS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000024880 - THE COHEN LAW GROUP, LLC.

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

yoù have any questions concerning the filing of your document, please call 350**)** 245-6964.

frene Albritten

즟

Regulatory Specialist II

Letter Number: 811A00007774

www.sunbiz.org

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)

<u>Title</u>	Name	Address	Type of Action
<u> </u>	SCOTT D. OWENS, ESQ.	3801Hollywood Blvd., Suite 200 Hollywood, FL 33021	☐ Add ☑ Remove
<u>VP</u>	JEREMY A. COHEN, ESQ.	3801Hollywood Blvd., Suite 200 Hollywood, FL 33021	☐ Add ☑ Remove
<u>P</u>	JEREMY A. COHEN, ESQ.	3801Hollywood Blvd., Suite 200 Hollywood, FL 33021	☑ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
N/A			
	······································		
provisions	dment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
N/A			
			

The date of each amendmen	t(s) adoption: April 5, 2011
Effective date <u>if applicable</u> :	April 15, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	29
	(voling group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
DatedSignature	Jun Melle
(By	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Partner U.P.
	(Title of person signing)