.P0500074878

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CArrie A. Turner, P.A. DOCUMENT NUMBER: P0500074878
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carrie A. Turner-Krzyzaniak Name of Contact Person Carrie A. Turner, P.A. Firm/Company 15165. N.W. 77 Avr, Ste 10002 Address Miami Lakes, FL 330H City/ Stale and Zip Code FAMILY LAWESO Q Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carrie Turn at 305 377-1233 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:
\$35 Filing Fee

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 to Articles of Incorporation of

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CARRIE A. TURNER, P.A.

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2018 JET 13 AL 10: 45

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P 0 5 000 0749	MC
1 030000 170	10
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: LAW OFFICE OF CARRIE	A. TURNER, P.A. The new
name must be distinguishable and contain the word "corporate	
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15/65 N.W. 77 Avenue Suite 1002
	MIAMI LAKES, FLORIDA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Some as above)
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre- Name of New Registered Agent	
(Florida s	treet address) Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
N/_	Registered Agent, if changing
Signature of 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 = 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	PT	John Doe	:	1		
\underline{X} Remove	<u>v</u>	Mike Jon	<u>es</u>	N	A	
X Add	<u>sv</u>	Sally Smi	i <u>th</u>	1	•	
Type of Action (Check One)	<u>Title</u>	<u>;</u>	<u>Name</u>			<u>Addres</u> s
1) Change					_	
Add					_	
Remove					-	
2) Change					-	
Add					_	
Remove					_	
3)Change	<u> </u>				_	
Add					_	
Remove					-	
4) Change					_	
Add					_	
Remove					_	
5) Change					_	
Add					_	
Remove					_	
6) Change					_	
Add						
Remove						

If amending of Attach addition	r adding additional Artic nal sheets, if necessary).	les, enter change(s) (Be specific)	<u>here</u> ;		
	•				
	N/A				, ,,, ,
	, , , , , , , , , , , , , , , , , , ,		·		
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If an amendm	ent provides for an excha	nge, reclassificatio	n, or cancellation of	f issued shares,	
provisions fo (if not ap	r implementing the amenoplicable, indicate N/A)	<u>dment if not contai</u>	ned in the amendm	ent itself:	
	NIL				
	10/12		· · · · · · · · · · · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • •				
<u> </u>					
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) ac	loption:	l mme de afei	U	, it other than the
date this document was signed.		- 1 / .	7	_
Effective date if applicable:	IMMEGI.	ately		
	tno more the	an 90 days a j ter amendment	t file date)	
Note: If the date inserted in this bedocument's effective date on the De			quirements, 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		The number of votes east fo	or the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes east	for the amendment(s) was	/were sufficient for approva	I	
by	<u> </u>		•• -•	
	(voting group)			
☐ The amendment(s) was/were add action was not required.	pted by the board of direc	ctors without shareholder act	iion and shareholder	
The amendment(s) was/were addaction was not required.	pted by the incorporators	without shareholder action a	and shareholder	
Dated /-	11-2018			
Signature	Myrela	Rus	<i>)</i>	
salecte		officer = if directors or offici in the hands of a receiver, truition.		
ауухлі	^	A. TURNE	er-Krzya	zaniak.
	(Typed or prin	ited name of person signing)		
	Pr.	esident		
	ιT	itle of person signing)		