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DEC 2.9 2017 DEC 2.9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JAMES EDWARI	O TRZYNA JR. P.A.		
	BER: P 05000131210			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	JAMES EDWARD TRZYN	A		
		Name of Contact Person	1	
		Firm/ Company		
	15017 AUK WAY	, ,		
		Address		
	BONITA SPRINGS, FLORI	DA 34135		
		City/ State and Zip Cod	e =	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JAMES EDWARD TRZYNA		at (²³⁹	287-5490 de & Daytime Telephone Number	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:	
S35 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		Street	Address	
	endment Section	Amendment Section		
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
	hassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAMES EDWARDTRZYNA JR. P.A.

JANES ED WARDTRZ TRA JR. T.A.		
(Name of Corporation as currently file	1 with the Florida Dept. of State)	
P 05000131210		
(Document Number of Corp	oration (if known)	_
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s	s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the	
Name of New Registered Agent		
(Florida street ado	tress)	
New Registered Office Address:	Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position. PH	TOTAL TELESCOPE
Signature of New Registe	red 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)

Example:

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>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	JAMES EDWARD TRZYNA JR.	15017 AUK WAY
X Add			BONITA SPRINGS, FL. 34135
Remove			
2) Change	VP	JACQUELINE C. TRZYNA	15017 AUK WAY
X Add			BONITA SPRINGS, FL.34135
Remove			
3 } Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



Attach <i>additt</i>	or adding additional Article onal sheets, if necessary).	(Be specific)			
					
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	nent provides for an exchar or implementing the amend				
(if not a	pplicable, indicate N/A)			_	
<u> </u>					
					
			_ 	 ·	

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The date of each amendment(s).ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment fficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	Hern S	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary)	
	JAMES E. TREYNA JR	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

No. 1 1 18