P05000138309

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 2 6 2018

I ALBRITTON



October 3, 2018

JASON D. WINN 2709 KILLARNEY WAY STE. 4 TALLAHASSEE, FL 32309

SUBJECT: JASON D. WINN, P.A. Ref. Number: P05000138309

We have received your document for JASON D. WINN, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

A profit corporation can not change the name using the (LLC) suffix.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 318A00020477

RECEIVED MISE MISE SECRETARISES FOR THE SECRETARISE

COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR DOCUMENT NUMB	ation: <u>Tason</u> er: <u>P05000</u>		Р.А	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
-	Jason]	Name of Contact Person	1	
Jason D. Winn, P.A. Firm/Company				
2709 Killarney Way, Suite 4				
Tallahassee, FL 32309 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, pleas	se call:		
Jason	D. Winn	at (850		
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	<u>St</u> reet	Addr <u>ess</u>	
	ndment Section	Amend	Iment Section	
Division of Corporations Division of Corporations		· · · · · · · · · · · · · · · · · · ·		
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle				
1 (11)	Hanne, II. Jad 14	20011.	ALPERT CHILL CHOIC	

Tallahassee, Fl. 32301



Division of Corporations

September 26, 2018

JASON D. WINN JASON D. WINN, P.A. 2709 KILLARNEY WAY - STE. 4 TALLAHASSEE, FL 32309

SUBJECT: JASON D. WINN, P.A. Ref. Number: P05000138309

We have received your document for JASON D. WINN, P.A., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 918A00020066

Articles of Amendment to Articles of Incorporation of

Jason D. Winn,	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P05000138309	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Winn Law, P.A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	es address)
New Registered Office Address:	Florida
(1	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			 .
Add			
Remove			
6) Change			
Add			
Remove			

Allacii (allaniona) Sheets, ii nelessiii e	ticles, enter change(s) here: (Be specific)
The state of the s	(viewpre-grey
•	
	- "
	■ 1001
	
	
<u> </u>	
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: October, 11, 2018 (no more than 90 days after amendment file date)	
(no moré than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the 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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ા
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-28-18	
Signature Jasan Q. Winn	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed inductary by that inductary)	
Jason D. Winn	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	