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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Florida Attorney T	eam, P.A.	
DOCUMENT NUMI	PAGAAA 15257A		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Edward Rosado		
		Name of Contact Person	1
	Florida Attorney Team, P.A.		
		Firm/ Company	
	PO Box 25401		
		Address	
	Tampa, FL 33622		
		City/ State and Zip Code	2
ad@(loridaattorneyteam.com		
	· ·	1 C - C 1	
	n-man address; (to be u	sed for future annual report	noniteation)
For further informatio	n concerning this matter, pleas	se call:	
Edward Rosado		813 ut (703-4183
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Attorney Team, P.A.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P06000152570	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
Excalibur Law, Inc.	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbre	orporation." "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4023 N. Armenia Ave. Ste. 430
(Principal office address MUST BE A STREET ADDRES	Tampa, FL 33607
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 25401
	Tampa, FL 33622
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	· · · · · · · · · · · · · · · · · · ·
Mante by New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	•
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: - (Be specific)		
VA			
			· · · · · · · · · · · · · · · · · · ·
			
			-
	-		
. If an amendment provides for an excl	nange, reclassification, or	cancellation of issued s	hares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	n the amendment itself	<u>:</u>
R/A			
			
· · · · · · · · · · · · · · · · · · ·		-	·
		-	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I 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 east 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voung 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 10/26/17 Signature Laward Cosado	
(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)	
Edward Rosado (Typed or printed name of person signing)	
President (Title of person signing)	
— (Title of person signing)	