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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Robert Dixon, P.A ATION:		
DOCUMENT NUMB	P07000044207 ER:		
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this mu	atter to the following:	
	Robert Dixon		
•		Name of Contact Perso	n
	Robert Dixon, P.A.		
		Firm/ Company	
	5963 Biscayne Blvd		
-		Address	
	Miami , FL 33137		
-		City/ State and Zip Coc	le
Lawin	fo@FLaccidentattomey.com		
	E-mail address: (to be us	sed for future annual repor	notification)
r rate s		11	
For further information	concerning this matter, pleas	se call;	
Robert Dixon		305 at (917 1111
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Taliahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

18 JUNIT AM 10: 06
SECRETARY CTUINE

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this 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: N/A	
name must be distinguishable and contain the word "corporation" (Corp., " "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
, ,	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office and ess stoot in A of Walt Abbreas)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MA) BE A POST OFFICE BOX</u>)	
	
	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>s:</u>
N/A Name of New Registered Agent	
(Florida st	reet address)
N/A	
New Registered Office Address:	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	 with and accept the obligations of the position.
Signature of New F	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> 79</u>	John Doe	
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>	Address
1) Change	V	David Stauber	14620 White Jade Terrace Delray F
X Add			33446
Remove			
2) Change		<u> </u>	
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).	(Be specific)	
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· · · · · · · · · · · · · · · · · · ·		
		_
ran amendment provides for an excusion provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	adment is not contained in the amendment users.	
·		

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
***	/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this bepartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment ficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ement
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder.	older
The amendment(s) was/were acaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated t	'eu _	_
select	director, president of other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	Robert Dixon	
	(Typed or printed name of person signing)	
	President and Managing Member	
	(Title of person signing)	