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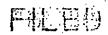
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TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P07000044207 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Dixon Name of Contact Person Robert Dixon, P.A. Firm/ Company 5963 Biscayne Blvd Address Miami, FL 33137 City/ State and Zip Code Lawinfo@FL accidentattorney.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
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For further information concerning this matter, please call:
D. L. 4 IV
D. E. A.D.
Robert Dixon 305 917 1111 at ()
Name of Contact Person Area Code & Daytime Telephone Numb
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as curre	ntly filed with the Florida Depth of Shite
Robert Dixon, P.A.	(1981) # 1 PM & 1 PM (1971)
(Document Numbe	r of Corporation (if known) L All Appendix of LTM, 5月
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	are .
name must be distinguishable and contain the word "corpora "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)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr	<u>ldress in Florida, enter the name of the</u>
N/A	<u></u>
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	street address)
N/A	su cer utaress)
New Registered Office Address:	(City) . Florida Florida
	(City) (Dip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Ayent, 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.

X Change	<u>PT</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>	<u>Addres</u> s
1) Change	<u>v</u>	David Stabber	14620 White Jade Terrace Defray B
Add			
A Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
			·
6) Change			
Add			<u> </u>
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
·······	
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
5/1/19	
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, t document's effective date on the Department of State's records.	his date 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 amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following somust 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	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. 	
5/1/19	
Dated	
Signature W)~	
(By a director, president or other officer - if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
Robert Dixon	
(Typed or printed name of person signing)	
President	
(Title of person signing)	