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SECRETARY OF STATE

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OCT -1 2013

R. WHITE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Sherrie Bowen Galambos, P.A. DOCUMENT NUMBER: P07000092673 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sherrie Bowen Galambos Name of Contact Person Sherrie Bowen Galambos, P.A. Firm/ Company 7257 NW 4th Blvd #276 Address Gainesville FL 32607 City/ State and Zip Code bowenlawfirmpa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\begin{array}{c} \text{at (} \underline{352} \\ \\ \text{Area Code \& Daytime Telephone Number} \end{array}$ Sherrie Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SEP 23 PH 3: 43

Sherrie Bowen Galambos, P.A. (Name of Corporation as currently filed with the Florida D	SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida D	Dept. of State GALLAHASSEE, FLORIDA
P07000092673	

nent(s) to

(Document	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation ado	pts the following amendme
A. If amending name, enter the new nam	ne of the corporation:		
Bowen Law Firm PA			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional corporati	ued" or the abbreviation on name must contain the
B. Enter new principal office address, if	applicable:	na	
(Principal office address MUST BE A STI			
			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.		na	
D. If amending the registered agent and	or registered office addres	s in Florida, enter the name	of the
new registered agent and/or the new	registered office address:		
Name of New Registered Agent	na		
_	(Florida street	address)	
New Registered Office Address:		, Florida_	_
	(City)		(Zip Code)
New Registered Agent's Signature, if characteristic I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar wit	h and accept the obligations	of the position.
,	Gy	, 3	•
	. CN D . IA	4.16 A	

Signature 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 <math>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 Doe	
X Remove	Y	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		na	7257 NW 4th Blvd #276
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Atta	mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)	<u></u>		
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<u>u</u>				4 	
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			<u>.</u>		
				4'	
u ai	n amendment provides for an exclusions for implementing the amo	nange, reciassificat endment if not con	tion, or cancella tained in the am	<u>tion of issued sn</u> endment itself:	ares,
PAN	(if not applicable, indicate N/A)	titulient it not con	THE THE STATE OF T		
a					
	,		····		
					 -

The date of each amendment	(s) adoption: 9/13/2013	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_ _
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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)	
he amendment(s) was/wer action was not required. The amendment(s) was/wer	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required. Dated Signature	13/2013 Shalambar	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Sherrie Bowen Galambos	
	(Type4 or printed name of person signing)	_
	President/Director	

(Title of person signing)