

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000262770 3)))



H220002627703ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140

Phone

: (561)844-3600

Fax Number

: (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN STEINGER, ISCOE & GREENE-II, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 0.5 2022

COVER LETTER

TO: Amendment Se Division of Co	rporations			5.745.5 2008 7707.	,,,,,	~ <u>~</u> ;~î
NAME OF CORPO	DRATION: STEINGER, ISCO	E & GREENE-II, P.A.			5	****
DOCUMENT NUM	BAGAAAAAAA				در	t
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			PK	المستونية المتطبعة
Please return all corn	respondence concerning this ma	tter to the following:			PH 4: 13	
	GREGORY R. COHEN, ESC	2		, . ,		
	-	Name of Contact Person				
	Cohen Norris Wolmer Ray Te	elepman Berkowitz Cohen				
		Firm/ Company		_		
	712 U.S. Highway One, Suite	: 400				
		Address				
	North Palm Beach, FL 33408					
	<u> </u>	City/ State and Zip Code	·	_		
SGREENE@INJURYLAWYERS.COM						
	E-mail address: (to be us	ed for future annual report i	notification)			
For further informati	ion concerning this matter, pleas	se call:				
Karin Drakas		561	844-3600			
Name	of Contact Person	Area Cod	e & Daytime Telephone Num	ber		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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		Divisior The Ce 2415 N	Address ment Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303			

Articles of Amendment to Articles of Incorporation οſ

STEINGER, ISCOE & GREENE-II, P.A.			رب-	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)		 _	- Alleran
P08000076813		``	-	
(Decument Nice				
(Document Nun	nber of Corporation (if known)	1 112	<u></u>	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following	lowing amo	endmen	t(s) to
A. If amending name, enter the new name of the corporation	on:			
		The		
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corporation name must c	viation "Contain the	orp.," word	
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
mulling dadress MAT BE A POST OFFICE BOX				
D. If amending the registered agent and/or registered office				
new registered agent and/or the new registered office ad	Idress:			
Name of New Registered Agent				
(Flor	ida street address)			
New Registered Office Address:	. Florida			
HEW REGISTERS Office Address.	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent. I am fam	siliar with and accept the obligations of the posit	tion.		
				
Signature of N	New Registered Agent, if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P/D	MICHAEL S. STEINGER	1645 Palm Beach Lakes Blvd.
Add			9th Floor
Remove			West Palm Beach, FL 33401
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

f amending or adding : Attach additional sheets,	, if necessary).	(Be specific)				
 	· · · · · · · · · · · · · · · · · · ·				 	
						
		<u> </u>		 	 .	
 		 	···· ·	· · · · · · · · · · · · · · · · · · · 		
			·			· · · · · · · · · · · · · · · · · · ·
				·		
						_
						- - -
	<u></u>				<u> </u>	
	<u> </u>					
			 -			
					. <u>-</u>	
an amendment provid	des for an exch	ange, reclassif	ication, or can	cellation of issu	ed shares,	
an amendment provide provisions for implement (if not applicable, in	enting the amer	dment if not o	ontained in th	e amendment i	<u>tself:</u>	
(у погаррисане, п	nuncuie IVA)					
		···· <u></u>				
					, .==	
						
· · · · · · · · · · · · · · · · · · ·						
					<u>.</u>	_ -

DocuSign Envelope ID: EACE8174-15A4-40A6-BD8B-DEBE4C534DD0

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
· ·		
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 epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
AUGUST Dated	<u> </u>	
	Occusigned by:	
selecte	Midual Stringer director, president of the first of the fiduciary by that fiduciary)	
	MICHAEL S. STEINGER	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	