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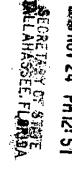
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number 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

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional copy is enclosed)

Certified Copy

(Additional Copy is enclosed)

Month of the St. **Articles of Amendment** to ' **Articles of Incorporation** orporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) the provisions of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the fo

amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: A. If a mending name, enter the new name of the corporation: A. If a mending name, enter the name of the corporation: A. If a mending name, enter the new name of the corporation: A. If a mending name, enter the new name of the name of the new name of the ne
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 15100 NW 67 Ave 14210 14210 143414
D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** Title Address <u>Name</u> ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). _(Be specific) I hope this correspondence finds you well. I have received you correspondence, and its attachment from October 1, 2010, regarding the Firm's application for a name change. I understand, pursuant to your correspondence, I am to provide a specific business purpose for the professional association. However, in reviewing the documents provided, I cannot ascertain where such an entry should be made. Consequently, I decided to respond to the inquiry in this letter. The specific purpose of the professional association is a Law Firm. In anticipation of the foregoing complying with the State's requirements, I thank you in advance. F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"
(voting 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.
Signature (By a director, president of 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)
JON 8. Lindeman JR ES9 (Typed or printed name of person signing)
Monaging President Owner