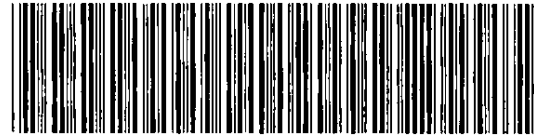


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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

05/25/17--01022--004 **35.00

S TALLENT

JUN 21 2017

Amend

Special Instructions to Filing Officer:

Spoke with Gerry Kourouklis on 6/21/17. Made corrections over the phone with approval.

[Signature]

Office Use Only

FILED
17 JUN 21 PM 2:59
STATEMENT OF JEFF
CALLAHAN/SECRETARY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

GERRY KOUROUKLIS
ADVOCATE LAW GROUPS OF FLORIDA P.A.
5707 NW 158TH STREET
MIAMI LAKES, FL 33014

SUBJECT: ADVOCATE LAW GROUPS OF FLORIDA P.A.
Ref. Number: P08000104159

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE USE THE FORM PROVIDED TO FILE AN AMENDMENT FOR A FLORIDA PROFIT CORPORATION.

PLEASE LIST THE NAME OF THE CORPORATION ON PAGE 1 OF 4 ACCORDINGLY.

FOR THE ADOPTION OF AMENDMENTS, PLEASE CHECK ONLY ONE BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 917A00011625

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADVOCATE LAW GROUPS OF FLORIDA, P.A.
DOCUMENT NUMBER: PO800014159

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERASTIMOS KOUROUKLIS

Name of Contact Person

ADVOCATE LAW GROUPS OF FLORIDA, P.A.

Firm/ Company

5707 NW 158TH STREET

Address

MIAMI LAKES, FL 33014

City/ State and Zip Code

GK@ALGOFLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERRY KOUROUKLIS

Name of Contact Person

at (786) 486-8017

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 &
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)

Paid

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

Articles of Amendment
to
Articles of Incorporation
of

Advocate Law Groups of Florida P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000104159

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5707 NW 158th Street
Miami Lakes, FL 33014

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

"same as above"

D. 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:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUN 21 PM 2:59

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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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|----------|-----------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>C</u> | <u>Haralambos Kouroukis</u> | <u>24750 SW 122 AVENUE HOMESTEAD, FL 33014</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>C</u> | <u>GERASIMOS KOUROUKIS</u> | <u>14345 SW 57TH LN # 7 MIAMI, FL 33183</u> |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>GERASIMOS KOUROUKIS</u> | <u>14345 SW 57TH LN # 7 MIAMI, FL 33183</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |

The date of each amendment(s) adoption: Nov 25 2011, if other than the date this document was signed.

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, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 19 2017

Signature [Handwritten Signature]
(By a director, president or 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 B. Lindeman, Sr.
(Typed or printed name of person signing)

President
(Title of person signing)