P09000033173

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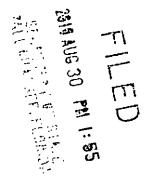
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SEP 0 6 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Law Offices of Jordon I. Magnes, P.A. DOCUMENT NUMBER: 109000 33173
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Law Offices of Jorden T. Wagner J. A. Firm/Company 320 5. E. 18th Gloved Address Ft. Lawkolk fc 33316 City/ State and Zip Code Jiw Discount Wagner Jaw. Com A-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
at ()
Name of Contact Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Additional Copy is enclosed) Mailing Address Amendment Section Street Address Amendment Section
Mailing Address Amendment Species Amendment Species
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



August 16, 2018

JORDAN WAGNER LAW OFFICES OF JORDAN I WAGNER, P.A. 320 SE 18TH STREET FT. LAUDERDALE, FL 33316

SUBJECT: LAW OFFICES OF JORDAN I WAGNER, P.A.

Ref. Number: P09000033173

We have received your document for LAW OFFICES OF JORDAN I WAGNER, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Irene Albritton Regulatory Specialist II

Letter Number: 218A00017030

RECEIVED PH 2:



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2018

JORDAN WAGNER LAW OFFICES OF JORDAN I WAGNER, P.A. 320 SE 18TH STREET FT. LAUDERDALE, FL 33316

SUBJECT: LAW OFFICES OF JORDAN I WAGNER, P.A.

Ref. Number: P09000033173

We have received your document for LAW OFFICES OF JORDAN I WAGNER, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 918A00016424

* ! Iturned #10 (buck#1945

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment

Articles of Incorporation of

Law Offices of Jordan	I. lingue f.A.
	r filed with the Florida Dept. of State)
<u> </u>	(C)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	77 .
name must be distinguishable and contain the word "corporation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	320 SE 13 Street Ft. Lawleronte FC 73316
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	320 St 18 Street Ft. Lawlerolde, FC 33316
D. If amending the registered agent and/or registered office address: Name of New Registered Agent 320 SE (Florida street New Registered Office Address: New Registered Office Address:	18 Street
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was a signature of New Ro	egistered 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 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 Doc	
X Remove	\underline{V}	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			
Add			
Remove			
2) Change			
Add		 	
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change		_ /	
Add			
Remove	/		
5) Change			
Add /			
Remove			
/			
6) Change		_	
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	-
 	
<i></i>	
f an amendment provides for an exclusions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	
 -	
,	

The daté of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date	
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	eholder
Dated	
Signature dollars	
(By a director, president or other officer – if directors or officers have selected by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
-coolen Wagner	
(Typed of printed name of person signing)	
President	
(Title of person signing)	