# P10000030698

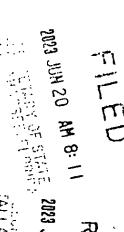
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Michael Schneider is the personal representative for mr. Lawrence Jaffe deceased.

02250, 04104, 00671

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DATE: 6/20/23

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TYPE OF FILING: AMENDMENT

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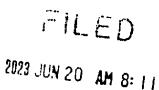
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	ANY, INC.			
DOCUMENT NUM	BER: P10000030698				
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Michael N. Schneider, Esq.				
		Name of Contact Perso	n		
	Ansbacher, Schneider & Trag	ger, P.A.			
	,	Firm/ Company			
	5150 Belfort Road, Bldg. 100				
	<del></del>	Address			
	Jacksonville, Florida 32256				
		City/ State and Zip Cod	e		
	mschneider@jaxlaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Michael N. Schneider	, Esq.	904 at (	296-0100		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of



JAFFE & COMPANY, INC.			SE METALY OF ST	· 1 · 1
( <u>Name</u>	of Corporation as current	tly filed with the Florida	i Dept. of State) ついること、アルカ	ANTES Harry
10000030698				•
	(Document Number of	of Corporation (if known)	)	
ursuant to the provisions of section 607 s Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporat	ion adopts the following amend	lment(s
. If amending name, enter the new s	name of the cornoration:			
		·	The n	
ume must be distinguishable and contai Inc.," or Co.," or the designation " chartered," "professional association,	Corp," "Inc," or "Co"	A professional corporati		
Enter new principal office address rincipal office address <u>MUST BE AS</u>				-
			·	_
				_
Enter new mailing address, if appl	licable:			
(Mailing address MAY BE A POST	OFFICE BOX)			-
			<u> </u>	_
If amending the registered agent as			e name of the	-
new registered agent and/or the ne				
Name of New Registered Agent	ANSBACHER, SCHNEIL	DER & TRAGER, P.A.		
	5150 BELFORT ROAD, E	BLDG. 100		
	(Florida str	reet address)	<del></del>	
New Registered Office Address:	JACKSONVILLE		, Florida 32259	
New Registered Office Address.		(City)	(Zip Code)	•
w Registered Agent's Signature, if c ereby accept the appointment as regist			ndinna afaka manisina	
ANSI4c	HEA, SCHNBIOFA LT	van ana accept the bottgo AACra AA	mons of the position.	
by Mull	Affilm, PARIO	Ob~T		
-1 1		egistered Agent If change	ina	

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
l) Change	PD	JAFFE, LAWRENCE L.	6550 SAINT AUGUSTINE ROAD
Add			SUITE 104
X Remove			JACKSONVILLE, FL 32217
2) Change	PSTD	JAFFE, BARBARA	6550 SAINT AUGUSTINE ROAD
X Add			SUITE 104
Remove 3) Change		_	JACKSONVILLE, FL 32217
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change		_	
Add			
Remove			

	ets, if necessary).	(Be specific)	ge(s) here:		
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		<del></del>			
·					
					<del></del>
		·	<del></del>		
_	ides for an excha	ange, reclassifica	tion, or cancellati	on of issued shares	2
an amendment prov		iament ii not cor	itained in the ame	nument itseii:	
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an amendment prov rovisions for implen (if not applicable,	indicate N/A)				
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an amendment prov provisions for implen (if not applicable,	indicate N/A)				
<u>provisions for implen</u>	indicate N/A)				
provisions for implen	indicate N/A)				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<del>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>	(no more than 90 days after amendment file date)	
Note: If the date inscrted in this bedocument's effective date on the D	clock 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 add action was not required.	opted by the incorporators, or board of directors without sharehole	der action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amerifficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following 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		
	(voting group)	
JUNE 20, 2	023	
DatedSignature	Muh ( NH)	
selected	rector, president or other officer — if directors or officers have no I, by an incorporator — if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary)	
	MICHAEL N. SCHNEIDER, ESQ.	
	(Typed or printed name of person signing)	<del></del>
	AUTHORIZED REPRESENTATIVE	
	(Title of person signing)	