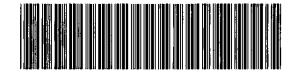
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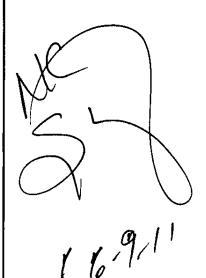
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: JULE	E D. LINDAHL, P.A.
DOCUMENT NUMBER: P10000	031191
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Julie Bo	aku ne of Contact Person
	Firm/ Company
P.O. BOX	2772
	Address
Jupiter	FL 33468 State and Zip Code
	Law egmail, com or future annual report notification)
For further information concerning this matter, plo	ease call:
Tulie Bakes Name of Contact Person	at (561) 371-6484 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
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 JULIE D. LINDAHL, P.A. Milly (Name of Corporation as currently filed with the Florida Dept. of State) Physical Republic State (Name of Corporation as Currently filed with the Florida Dept. of State)	Ċ
PIOOOO3 I I 9 I (Document Number of Corporation (if known)	*
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followamendment(s) to its Articles of Incorporation:	ving
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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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:	
New Registered Office Address: (Florida street address)	
, Florida	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	

The date of each amendment	
Effective date <u>if applicable</u> :	(date of adoption is required) (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	5/3/11
Signature	Mui Baker
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Julie D. Baker (Typed or printed name of person signing)
	Director / President