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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Law Offices of Ma	ary E. Lytle, P.A.	
DOCUMENT NUMB	P10000037053		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	Mary E. Lytle		
- -	Name of Contact Person		
	Law Offices of Mary E. Lytl	e, P.A.	
-		Firm/ Company	
	543 N. Wymore Road, Suite	103	
		Address	·
	Maitland, Florida 32751		
-		City/ State and Zip Cod	e
mlytle	@orlandoemploymentlawye	r.net	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mary E. Lytle		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Law Offices of Mary E. Lytle, P.A.

(Name	of Corporation as curr	ently filed with the Florida Dep	t. of State)
10000037053			
	(Document Numb	er of Corporation (if known)	, , , , , , , , , , , , , , , , , , ,
ursuant to the provisions of section 607. S Articles of Incorporation:	1006, Florida Statutes.	this Florida Profit Corporation a	dopts the following amendment(s
. If amending name, enter the new na	ame of the corporation	<u>:</u>	
ytle and Barszcz, P.A.			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," (or "Co". A professional corpor	orated" or the abbreviation ation name must contain the
3. Enter new principal office address, if applicable:		N/A	
Principal office address MUST BE A S			
		William Branch and a second and	
Enter new mailing address, if appl		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BUX)	<u></u>	····
			
. If amending the registered agent ar			me of the
new registered agent and/or the new		ress:	
Name of New Registered Agent	David V. Barszcz		
	543 N. Wymore Road	, Suite 103	
	(Florid	a street address)	
New Registered Office Address:	Maitland		Florida 32751
New Registered Office Address.		(City)	(Zip Code)
lew Registered Agent's Signature, if c	hanging Registered Ag	<u>zent:</u>	
hereby accept the appointment as regis			is of th e po <u>si</u> tion.
			一
	7 16		<u>.</u>
	ment 1. 2	Tager -	
	Signature of N	ew Registered 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 Doe	
X Remove	<u>V</u>	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	VP	David V. Barszcz	543 N. Wymore Road
X Add	***		Suite 103
Remove			Maitland, Florida 32751
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damasia			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
N/A	
······································	
	·
If an amendment provides for an exchange, reclassification, or cancellation of issued sha	res,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	1

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	I 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 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 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) Mary E. Lytle	
(Typed or printed name of person signing)	
President, Secretary	

(Title of person signing)