# P10000000995

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Amend 10 Namech 8 208/13

### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Masullo Law Group, PA P10000060995 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marco Masullo Name of Contact Person Masullo Law, PA Firm/ Company 2001 Palm Beach Lakes Blvd., #500 West Palm Beach, FL, 33409 City/ State and Zip Code mm@masullolaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 ) 210-7380 Area Code & Daytime Telephone Number marco masullo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

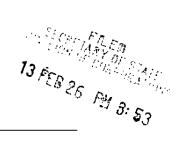
TO: Amendment Section

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 Articles of Incorporation** of



# Masullo Law Group, PA

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

# P10000060995

ment(s) to

(Documen	t Number of Corporation (i	f known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following am
. If amending name, enter the new na	me of the corporation:		
Masullo Law, PA			The
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design cord "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A professional corpor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4000 Ponce De Le	on Boulevard
		Suite 470	
		Coral Gables, F	FL, 33146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4000 Ponce De Le	on Boulevard
		Suite 470	
		Coral Gables, f	FL, 33146
). If amending the registered agent an			me of the
new registered agent and/or the new		<u>:</u>	
Name of New Registered Agent	Marco Masullo		_
	4000 Ponce De Leo	n Boulevard, Suite 470	)
	•	eet address)	_
New_Registered Office Address:	Coral Gables	, Florida	<sub>3</sub> 33146
<u>New Registerea Office Adaress:</u>			

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:	ic, ana sa	any similar as an rida.	
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>	Name	<u>Addres</u> s
1) X Change	4	MARCO MASULO	4000 Aonce De Lean Blud
Add Remove			Suite 470 Coral Gables, Fl 33146
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessar	Articles, enter chary). (Be specific)	nge(s) here:		
		. ,		
	<del> </del>			
		,		
		· -		
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not	fication, or cancell contained in the ar	ation of issued share nendment itself:	5.
			·	
	<u>.                                    </u>			<del></del>

The date of each amendment(s) adoption: 2/19/13			
Effective date if applicable:	(no more than 90 days after amendment file date)		
	(no more than 20 days ther amenanem the date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.		
	proved by the shareholders through voting groups. The following statement reach 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			
	opted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated 2	122/13 Walla Ma		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)		
	MARCO MASULLO		
	(Typed or printed name of person signing)		
	+		
	(Title of nerson signing)		