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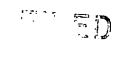
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Scott R Dinin P.A		
DOCUMENT NUM	BER: P1000010354	·	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Scott Dinin		
		Name of Contact Person	I
	Scott R Dinin P.A.		
	-	Firm/ Company	
	4200 NW 7th ave		
	<del></del> -	Address	
	Miami, Florida 33127		
		City/ State and Zip Code	2
inbo	x@dininlaw.com		
	<del></del>	ed for future annual report	notification)
	is their actives. (to be	a constant	
For further information	on concerning this matter, pleas	se call:	
Scott Dinin		at 786	, 491 1333
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dept	irtment 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)
	niling Address		Address
	rendment Section vision of Corporations		lment Section on of Corporations
	). Box 6327		in of Corporations i Building
	Hahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Scott R. Dinin P.A.

2619 SFP -9 PH 1:57

	<u> </u>
(Name of Corporation a	is currently filed with the Florida Dept. of State)
P1000010354	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	itutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	eration:
Dinin Law Group P.A.	The new
"Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	corporation." "company." or "incorporated" or the abbreviation Inc." or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	355)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	N/ H
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	prod Agent
	m familiar with and accept the obligations of the position.
	/
	rea of New Registered Amont if changing
\$100700	TE DE DES GENTAUTER AUCHE IL FRINNIN

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>	$\frac{\text{Name}}{\Lambda}/A$	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<del> </del>
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional A nal sheets, if necessary	v). (Be specific)	N/r	A	
			/		
	<del></del>				
<u> </u>					<u></u>
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			<u> </u>		
f an amendr	nent provides for an e	xchange, reclassific	cation, or cancel	lation of issued sh	ares,
provisions for	or implementing the a opticable, indicate N/A	imendment if not co	ontained in the a	mendment itself:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	^ /V/.	A		
	<del></del>		·		
		<del> </del>			

•	8/22/2019	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	9/09/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/22/2 Dated	019	
Signature		
(By sele	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 binted fiduciary by that fiduciary)	
	Scott R. Dinin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>