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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Law Office of Ma	ud Poudat, P.A.	
DOCUMENT NUMBER	D11000044822		
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ndence concerning this ma	itter to the following:	
М	aud Poudat		
_		Name of Contact Pe	rson
La	w Office of Maud Poudat.	, P.A.	
		Firm/ Company	
60	5 E. Robinson Street, Suit	• •	
_		Address	<del></del>
Oı	lando, FL 32801		
_		City/ State and Zip C	Code
m.pouda	t@mpoudatlaw.com		
	E-mail address: (to be us	sed for future annual ren	ort notification)
	3 (10 05 a.	ou ioi iutare amian rep	of House and House
For further information co	oncerning this matter, pleas	se call:	
Maud poudat		407 at (	373-0994
Name of C	Contact Person		Code & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida D	repartment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	& \$\Bigs\begin{align*} \text{\$\subseteq} \$
Amend Division P.O. Bo	Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amo Div Clif	eet Address endment Section ision of Corporations from Building L. Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Law Office of Mand Poudat P A

Law Office of Madu Foudat, F.A.	
( <u>Name o</u>	f Corporation as currently filed with the Florida Dept. of State)
P11000046822	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:
Law Offices of Maud Poudat, P.A.	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ain the word "corporation," "company," or "incorporated" or the abbreviation ation "Corp," "Inc," or "Co". A professional corporation name must contain the ion," or the abbreviation "P.A."
B. Enter new principal office address, i (Principal office address MUST BE A ST	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of the Mailing address of the Mailing address of the May BE A POST of the Mailing address of the May BE A POST of the Mailing address, if applia (Mailing address) address of the May BE A POST of the Mailing address	d/or registered office address in Florida, enter the name of the
new registered agent and/or the nev	Maud Poudat
Name of New Registered Agent	Ividud / Oudat
	(Florida street address)
New Registered Office Address:	605 E. Robinson Street, Suite 450, Orlando , Florida 32801
	(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent:  ered agent. I am familiar with and accept the obligations of the position.  Signature of New 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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>		
X Add	<u>\$V</u>	Sally Sn	<u>gith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3 ) Change	-	_		<u></u>	
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Reinove					
6) Change	-	_		<del></del>	
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
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f an amondment provides for an eych	ange, reclassification, or cancellation of issued shares,
Tall apiculantent provides for an esci	adment if not contained in the amendment itself:
provisions for implementing the ame	Hamelle II not contained in the amendment tisers
provisions for implementing the ame (if not applicable, indicate N/A)	nument if not contained in the amendment risers
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date this document was signed.	adoption:, if other than the
Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided )	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
10/05/20	17
DatedSignature	Juda
(By a	director, president or other officer - if directors or officers have not been
selec appo	ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Maud Poudat
	(Typed or printed name of person signing)
	Owner & President
	(Title of person signing)