P11000092007

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(Cit	y/State/Zip/Phone #)
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MAR 1 8 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAMBILLIN ROSS, PA
DOCUMENT NUMBER: P 110000 9 2 007
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BAMDI LIN ROSS Name of Contact Person BAMDI LIN ROSS PA Firm/ Company SEOON. MILHARITERIC # 172 Address BOOR Fairm 74 3349 6 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DATYITO BOSS at 661, 859-9000 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
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

Articles of Incorporation of

Bambi Lin Ross, F	A.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P11000092007	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp." word "chartered," "professional association," or the abbreviation "I	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5500 N. MILLARITRAIL
 If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: 	BOCA RATON. 74 33496 ss in Florida, enter the name of the
•	
Name of New Registered Agent 13/4	
· · · · · · · · · · · · · · · · · · ·	
(Florida stree	t address)
New Registered Office Address:	Tity) Florida 7 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit	₩ - 8 - 8 - 8
	n and accept the obligations of the position. State of the position. Report of the position. Report of the position. Report of the position. Report of the position.
Signature of New Reg	istered 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 = ChiefExecutive 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	λ . Λ	
$X ext{Add}$	<u>\$V</u>	Sally Smith	NIA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	-	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change	<u> </u>			
Add				
Remove				
3) Change		- <u> </u>	<u> </u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			··· <u>-</u>	
Remove				
6) Change				
Add				
Remove				

(Attacl	additional sh	ing additional Arti eets, if necessary).	icles, enter char (Be specific)	ige(s) here	3			
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(if	not applicable	, indicate N/A)	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tic amendin	ent usen:		
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The date of each amendment(s) adoption: 91510018 date this document was signed.	, 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 document's effective date on the Department of State's records.	will 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 east 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 mat fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
TRISIDENT	
(Title of person signing)	