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TO: Amendment Section

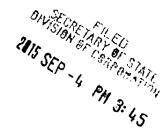
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Stephanic Kaufman, PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephanie Kaufman Name of Contact Person Stephanie Kaufman, PA Firm/ Company Gardner 122 NW Gardener Street Address Boca Raton, FL 33432 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Stol) 558-9257 Area Code & Daytime Telephone Number Stephanie Kaufman 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 (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Stephanie Kaufman, PA

(Name	of Corporation as curren	ntly filed with the Florida Dept. of State)	
	PHODO	103804	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		"Co". A professional corporation name must contain the	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Gardner 122 NW Gardner Street Boca Raton, FL 33432	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Stephanie Kaufman		
	122 NW Gardener Stree	t	
	(Florida	street address)	
New Registered Office Address:	Boca Raton	, Florida 33432	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager ered agent. I am familia	nt: r 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.

Example: X_Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change			N/A	
Add				
Remove				
2) Change		•		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
T)				
5) Change		_		
Add				
Remove				*
6) Change		_		
Add		_		
Remove				

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

	August 31, 2015	
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutor partment of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vificient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting geach voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient f	or approval
by		33
	(voting group)	·
The amendment(s) was/were ado action was not required.	oted by the board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adoraction was not required.	oted by the incorporators without sharehold	der action and shareholder
Dated	9-1-15	
Signature	uplan Laupre	an
	ector, president or other officer If direct, by an incorporator — if in the hands of a r	
	d fiduciary by that fiduciary)	econver, trustees, or other court
	Stephanie Kaufman	
-	(Typed or printed name of person	on signing)
	President	•
-	(Title of person sign	ning)