## 71200007246

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE TO STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	RATION: The Profess $BER: \frac{P120000077}{1}$	ional Connection 246	Incorporated	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
Amanda A. Anthony				
	The Ductocaion	Name of Contact Person		
	The Profession		n incorporated	<del></del>
2029 Ocean Blvd, Apt 208				
		Address		<del></del>
	Ft. Lauderdale	, FL 33305		
	·	City/ State and Zip Cod	e	
am	anda.a.anthon	y@gmail.com	· 	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amanda Anthony at 954 648-4947				
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	SECRÉT TALLAHA
Mailing Address Amendment Section		Street Address Amendment Section		WILL

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## **Articles of Amendment** Articles of Incorporation of

## The Professional Connection Incorporated

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

(Document Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	ris Florida Profit Corporation adopts the following an	mendment(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbr r "Co". A professional corporation name must con	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2655 Le Jeune Rd.	
	Suite 411	
	Coral Gables, FL 33134	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	Florida (Zip Code)	
(Ci	,,,, (LLp. 500L)	

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	¥	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<del></del>		
Add Remove			
2) Change			
Add			
3) Change			
Add Remove			
4) Change	<del>. *** // **</del> /-		
Add Remove			
5) Change	<u> </u>		
Add Remove			
6) Change			
Add			<del></del>

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  Article IV: The total number of shares the corporation is authorized to issue:		
**************************************	-	
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		
. 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)		

The date of each amendment(s) ado	ption: 12/11/13	_, if other than the
date this document was signed.  Effective date if applicable: 12/1	1/13	
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_12/11/13 Signature	<u> </u>	
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
A	manda A. Anthony	
_	(Typed or printed name of person signing)	_
<u>F</u>	President	<del></del>
	(Title of person signing)	FILED  13 DEC 16 AM 9