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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: Lohman Law Grou	up, P.A.				
	MBER: P12000021938					
The enclosed Artic	les of Amendment and fcc are st	abmitted for filing.				
Please return all co	rrespondence concerning this ma	atter to the following:				
	Robert M. Lohman					
	Name of Contact Person					
	Lohman Law Group, P.A.					
		Firm/ Company				
	500 S. Australian Avenue, Suites 539-540					
	Address					
	West Palm Beach, FL 33401					
		City/ State and Zip Code	2			
		,				
m: 	ax@lohmanlawgroup.com	100				
	n-man address; (to be u	sed for future annual report	notification)			
For further informa	tion concerning this matter, plea	se call:				
Robert M. Lohman	ı		203-8208			
Nan	ne of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
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 to

Articles of Incorporation of

FILED

Lohman Law Group, P.A.

P12000021938	or corporation as curre	ntly filed with the Floridar Dept. of State
P12000021938	(D	60
	(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, tl	nis Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
•	uation "Corp," "Inc," o	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
3. Enter new principal office address,	if annlicable:	N/A
Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		N/A
		ddress in Florida, enter the name of the
new registered agent and/or the ne	 "	<u>ess:</u>
N/A Name of New Registered Agent		
	500 S. Australian Aven	ue, Suites 539-540
	(Florida	street address)
New Registered Office Address:	West Palm Beach	, Florida 33401
		(City) (Zip Code)
cew Registered Agent's Signature, if c	hanging Registered Age	ent:
nervoy accept the appointment as regis	есеа адені. Тат затине	or with and accept the obligations of the position.
	Signature of Nev	v 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) X Change	PD	Robert M. Lohman	500 S. Australian Avenue
Add			Suites 539-540
Remove			West Palm Beach, FL 33401
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Ramove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)	<u>e</u> :	
N/A	, in ight git		
		-	
	· 		

		<u></u>	
			
			•
F. If an amendment provides for an exch	ange, reclassification, or	cancellation of issued s	shares.
provisions for implementing the amer	idment if not contained	in the amendment itself	
(if not applicable, indicate N/A) N/A			
N/A		· · · ·	
			<u> </u>
	7		

	N/A			
The date of each amendment(s) add	ption:			_, if other than the
faté this document was signed. N/A				,
Effective date <u>if applicable</u> :				
	(no more than 90	days after amendment file d	ate)	
Note: If the date inserted in this blo document's effective date on the Department		ble statutory filing requirem	ents, this date will i	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adop by the shareholders was/were suff		number of votes east for the a	amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for each				
"The number of votes cast fo	r the amendment(s) was/were	sufficient for approval		
by	(voting group)			
	(voting group)	_		
☐ The amendment(s) was/were adop action was not required.	ed by the board of directors w	rithout shareholder action an	d shareholder	
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators without	ut shareholder action and sha	archolder	
DatedSignature	18 May 4			_
- ,	ector, president of other office by an incorporator – if in the			
appointed	fiduciary by that fiduciary)			
R	obert M. Lohman			
-	(Typed or printed na	me of person signing)		
P	resident			
_	(Title of	person signing)		