P12000066538

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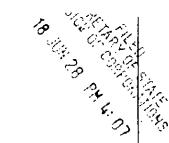
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Shelly Ku	iluay, PA					
DOCUMENT NUMBER: P12000066538						
The enclosed Articles of Amendment and fi	ce are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Tom Sawyer						
	Name of Contact Person					
Sawyer & Latimer, I	^o A					
Firm/ Company						
1400 E Oakland Par	c Bivd, Ste 102					
	Address					
Ft. Lauderdale, FL	33334					
	City/ State and Zip Code					
admin@sawyerlatimer.com	n					
E-mail address:	(to be used for future annual report notification)					
For further information concerning this mat	ter, please call:					
Josie Flynn	at (954) 471-7233					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amous	nt made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Certificate of						

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, 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

Shelly Kutluay, PA (Name of Corporation as currently filed with the Florida Dept. of State) P12000066538 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Shelly Lopez, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Shelly A Lopez Name of New Registered Agent 1040 Country Club Dr #102 (Florida street address) Margate Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add		_		
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
•	
an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
maniglans for implementing the ansar	-d
rovisions for implementing the amer	ndment If not contained in the amendment itself:
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provisions for implementing the amer	ndment If not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: $\frac{06/21/2018}{\text{(no more than 90 days after amendment file date)}}$	<u> </u>
(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 w document's effective date on the Department of State's records.	ill not be listed as
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 cast 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.	
Dated 06/21/2018	
Signature	
(By a director, president of 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 that fiduciary)	
Sheliy A Lopez	
(Typed or printed name of person signing)	
President Presid	ent.
(Title of person signing)	

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