## P12000066975

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## **COVER LETTER**

. TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION:  $\frac{\text{PLANNING CONCEPTS, INC.}}{\text{---}}$ DOCUMENT NUMBER: P12000066975 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLIFFORD W. MAHER Name of Contact Person PLANNING CONCEPTS, INC., Firm/ Company 111 N. POMPANO BEACH BLVD. APT. 814 Address POMPANO BEACH, FL. 33062-5789 City/ State and Zip Code FPCCLIFF@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 295-4156 Area Code & Daytime Telephone Number CLIFFORD W. MAHER Name of Contact Person finelosed 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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

PLANNING CONCEPTS, INC.

	tly filed with the Florida Dept. of State)		
P12000066975			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:	71		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	111 N. POMPANO BEACH BLVD.		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	APT. 814		
	POMPANO BEACH, FL 33062-5789		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 N. POMPANO BEACH BLVD.		
	APT, 814		
	POMPANO BEACH, FL 33062-5789		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address			
(Florida s	treet address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian			
Signature of New	Registered Agent, if changing		
Check if applicable	ي ُ		
The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (e), F.S. (S)		

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Su	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	sheets, if necessary).	(Be specific)			
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an amendmen	t provides for an exch: mplementing the amen	ange, reclassifica	tion, or cancella	tion of issued st	nares,
(if not appl	cable, indicate N/A)	idilent ii not con	named in the an	ienament igsen.	•
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 $e_{i,k} = e_{i,k} \cdot e_{i,k} \cdot e_{i,k}$ 

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	AUGUST 24, 2021	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	· ·	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
		2
AUG	UST 10, 2021	
Dated		· <u> </u>
	00:11 01 /1/2	<u>.</u> ပာ
Signature _	( Suffered W/ 10 see	ယ
	By a director, president or other officer – if directors or officers have not been	<del></del>
	opointed fiduciary by that fiduciary)	9: 2
		705
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	