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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SCOTT M. NEWMARK, F DOCUMENT NUMBER: P13000039678
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Scott Newmark Name of Contact Person Firm/Company
Wellington, FL 33449 City/State and Zip Code Smewmarka G-mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Scott New Mark at (56) 271-3908 Name of Contact Person at (50) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$43.75 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation
SCOTT M. NEWMARL PA
(Name of Corporation as currently filed with the Florida Dept. of State)
PLSOOO39678
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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) Delray Beach, Fl. 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Wellington, FL 33449
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: Name of New Registered Agent THE HAVE SUILE# (Florida street address) New Registered Office Address: New Registered Office Address: DELICAT BEACH (City) Florida 33483 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Scull Newmark
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	<u>1</u>	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			_	
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f an amendment pr	ovides for an exc	hange, reclassific	ation, or cancellat	ion of issued shares,	
provisions for impl	ementing the amo	endment if not co	ntained in the am	endment itself:	
(if not applicable	le, indicate N/A)				
					
				11.	- ·
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late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after a	amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		ry filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of vificient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were appromist be separately provided for a	roved by the shareholders through voting grach voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient f	for approval
by		,,
	(voting group)	
Dated /- 5	15-2021	
Signature	//////	
(By a di selected	rector, president or other officer – if director, by an incorporator – if in the hands of a red fiduciary by that fiduciary)	
_	Scott M. Ne	ewmark
	(Typed or printed name of personal decision of personal decision)	on signing)
	President	
-	(Title of person signing)	