P1300056915

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Amend 1a, 25, 13

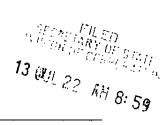
COVER LETTER

TO:	Amendment Section	
	Division of Corporation	15

NAME OF CORPOR	BETH MAS	TROLE. P.A.	
NAME OF CORPORATION: BETH MASTROLE, P.A. DOCUMENT NUMBER: P13000056975			
	of Amendment and fee are sub		
Please return all corres	pondence concerning this mat	ter to the following:	
	JEREMY G. GAY	NOR, CPA	
•		Name of Contact Person	1
	THE GAYNOR G		•
•		Firm/ Company	
	1440 CORAL RID	GE DRIVE #36	8
•		Address	
	CORAL SPRINGS	S, FL 33071	
•		City/ State and Zip Cod	e
GA [*]	YNORGROUP@0	SMAIL.COM	
		ed for future annual report	notification)
		•	
For further information	concerning this matter, please	e call:	
JEREMY GA	YNOR	at (954	531-9466
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



BETH MASTROLE, P.A.

(News 60: 4)	61 1 14 d 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P13000056975	filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
N/A	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>N/A</u>
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	l am familiar with and accept the obligations of the position.
Nignature of I	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 <math>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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3) Change			<u> </u>
Add			•
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		<u>N/A</u>	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE THE MIDDLE INITAL OF VP RICHARD MASTROLE
TO K INSTEAD OF L. THE NAME SHOULD READ
RICHARD K. MASTROLE
E. If an amendment provides for an evaluation realisation of annual lation of issued shares
F. 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) N/A
INA

The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.	I/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 7/18 Signature	Wallet & Marticle	
	director, president or other officer – if directors or officers have not been led, by an incorporator if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	Elizabeth F. Mastrole	·
	(Typed or printed name of person signing)	
	Tresident	_
	(Title of person signing)	