P13000101500

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **MICHAEL ROSS LOBIONDO, P.A.**

DOCUMENT NUMBER: **P13000101500**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R LOBIONDO

Name of Contact Person

MICHAEL ROSS LOBIONDO, P.A.

Firm/ Company

13762 STATE RD 84., SUITE 262

Address

DAVIE, FL 33325

City/ State and Zip Code

ROANA4@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ross LoBiondo at (_954_) _830 -7766_
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed 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
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

"Michael Ross" LoBiondo, P.A.
Public Insurance Adjuster
FL Lic. # A157088
We represent the Insured, not the Insurance Company

13762 West S.R. 84 – Suite 262, Ft. Lauderdale, FL 33325
Tel: 954-830-7766   Fax: 954-472-5601
MRL4@bellsouth.net
www.MRL-PA.com

Please add new FEI # 46-4380598 to Michael Ross LoBiondo, P.A.

APPROVED
AND
FILED

14 MAR -6 AM 11: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MICHAEL ROSS LOBIONDO, P.A.

(**Name of Corporation as currently filed with the Florida Dept. of State**)

P13000101500

(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:

N/A

_____*The new*
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: N/A
(Principal office address MUST BE A STREET ADDRESS)   _____

_____

_____

C. Enter new mailing address, if applicable: N/A
(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:

Name of New Registered Agent Michael Ross LoBiondo

13762 State Rd. 84, Suite 262
(Florida street address)

New Registered Office Address: ___Davie___, Florida 33325
(City)   *(Zip Code)*

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.

Michael Ross LoBiondo
Signature of New Registered Agent, if changing

Page 1 of 4

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ✓ Change ☐ Add ☐ Remove	P	MICHAEL R LOBIONDO	13762 STATE RD 84., Suite 262 DAVIE, FL 33325
2) ☐ Change ☐ Add ✓ Remove	VP	ROANA G LOBIONDO	13930 Monticello St. DAVIE, FL 33325
3) ☐ Change ☐ Add ☐ Remove			
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

N/A

_____

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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

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

Effective date **if applicable:** _____

(no more than 90 days after amendment file date)

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___3-1-14_____

Signature_____

       (By a director, president or 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)

___Michael Ross LoBiondo_____
       (Typed or printed name of person signing)

___President_____
       (Title of person signing)