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Office Use Only



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SECRETARY OF STAIL DIVISION OF CORFORATION

MAY **30** 2017 C MICNAIR

COVER LETTER

TO: Amendment Section

| Division of Corporations |
|---|
| ame of corporation: <u>Carolyn Husband</u> , <u>PA</u> ocument number: <u>P14000001976</u> |
| he enclosed Articles of Amendment and fee are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| Carolyn Husband Name of Contact Person Carolyn Husband, PA Firm/Company GIY NW 155 Ter Address Pembroke Pines, Fl 33028 City/State and Zip Code Carolyn Husband & Gmail. Com E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Carolyn Husband at (305) 322-6156 Nambof Contact Person Area Code & Daytime Telephone Number |
| nclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Carolyn Husband, PA
(Name of Corporation as currently filed with the Florida Dept. of State)

| 714000001 | 976 z |
|--|--|
| | lumber of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation: | utes, this Florida Profit Corporation adopts the following amendme |
| A. If amending name, enter the new name of the corpora | |
| | The new prporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the eviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. | <u>N/A</u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent | fice address in Florida, enter the name of the address: |
| | |
| (F | Florida street address) |
| New Registered Office Address: | (City), Florida(Zip Code) |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j | |
| 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.

| X Change | <u>PT</u> | John Do | <u>e</u> | | |
|----------------------------|--------------|-------------|-------------|---|--|
| X Remove | <u>v</u> | Mike Jo | nes | | |
| X Add | <u>sv</u> | Sally Sm | <u>nith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | <u>Addres</u> s |
| 1) Change | | _ | <u>N/A</u> | - | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | _ | | - | |
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| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | - | ************************************** |
| Remove | | | | , | |
| | | | | | |
| 5) Change | | | | - | · |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | - | |
| Remove | | | | • | |
| Remove | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| Amending Article III. |
| The purpose for which this corporation is organized Shall be amended to include: Real Estate, Notar and All legal Business. |
| |
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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) |
| |
| |
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| |

| he date of each amendment(s) adoption:, in this document was signed. | f other than the |
|--|------------------|
| 1-1-0 | |
| ffective date if applicable: 5/15/17 (no more than 90 days after amendment file date) | |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becument's effective date on the Department of State's records. | be listed as the |
| doption 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. | |
| Dated5/15/17 | |
| Signature hosterd | |
| (By a chector, 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) | |
| Carolin History | |
| (Typed or printed name of person signing) | |
| President (Title of person signing) | |