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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE LAW OFFICES OF OECASTRO-HIRSCH, P.A.
DOCUMENT NUMBER: 014 00000 9430
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following.
The day recent an enterpoint enter the finance to the following
MARSORIE BRUNELLI Name of Contact Person GRUNELLI LAW, P.A.
L881 E. OAKLAND PARK BLVD. SUTTE 443 Address FURT LAUDEROALE, FL 33306
City/ State and Zip Code MARSORIE @ BRUNEULLAW OFFICE. Com E-mail address: (to be used for future annual report notification)
Name of Contact Person Name of Contact Person
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & 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

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THE LAW OFFICES OF DECASTRO-HIRSCH, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u>β 14 0000 9430</u> (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:
BRUNELLI LAW, P.A. Contraction
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) SULTE 443
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITE 443 FORT LAUDERDALE, FL 33306
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 MARJORIE BRUNELLT
2881 E. OAKLAND PARK BLYD., SUITE 443 (Florida street address)
New Registered Office Address: FORY LAUDERDALE, Florida 33306 (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. Signature of New Registered Agent, if changing

PS: I AM THE SAME PERSON OUT NAME CHANGE OVE TO DIVORCE.

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.

	ve, and sany smin, sv as an Ada.		
Example: X_Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) X Change	P MAR SORS	E BRUNKLLI 2881 E. OAKLAND PAR	aka a
Add		UE to DINORCE) SUITE 443	
Remove		FT. LAUDERDALE, FL	33306
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	****		
Add			
Remove			
5) Change			
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<u>an amendment p</u> rovisions for imr	rovides for an exchange, reclas lementing the amendment if no	<u>sification, or cancell</u> of contained in the o	ation of issued shares, mendment itself:	
(if not applical	ble, indicate N/A)	A Contained in the as	nenum usen.	
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	· 1/-			
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The date of each amendment(s) adoption:date this document was signed.	N/A0	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does document's effective date on the Department o		rements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. The fog group entitled to vote separately on the ame	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by		
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the action was not required.	: incorporators without shareholder action and	shareholder
Dated	2015	
selected, by an inc	sident or other officer – if directors or officers corporator – if in the hands of a receiver, trustery by that fiduciary)	
	MAR JOALE BRUNE (Typed or printed name of person signing)	MI
	PRESIDENY (Title of person signing)	