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SER OF 2017

## **COVER LETTER**

		COVERLETTER	-4
TO: Amendment Section Division of Corporations		: !	BIT SEP MO 29
NAME OF CORPORATION:	Lewis J. Moskov	witz, L.M.H.C., P.A.	レジ
OOCUMENT NUMBER:	P14000021867	·	THE CO.
The enclosed Articles of Amend	<i>ment</i> and fee are s	ubmitted for filing.	23
Please return all correspondence	concerning this ma	atter to the following:	
Lewis J. N	Moskowitz	:	
		Name of Contact Person	
Lewis J. M	Moskowitz, L.M.H	C., P.A.	
		Firm/ Company	
128 Oysto	er Bay Way		
		Address	
Ponte Ved	dra, FL 32081	I	
<u></u>		City/ State and Zip Code	
LJMoskowitz@		1	
E-ma	iil address: (to be u	sed for future annual report notification)	
For further information concerni	ng this matter, plea	se call:	
Lewis J. Moskowitz		at ()	
Name of Contact	Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the Florida Department of State:	
	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

•	,	)	<b>9</b>
	Lewis J. Moskow	itz, L.M.H.C., P.A.	#11 SEP -
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	<del>~~~</del>
	P14000021		-
4	(Document Number	of Corporation (if known)	<del>3</del>
		•	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follo	owing amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name in "P.A."  6000-A Sawgrass Village Circle	ne abbreviation tust contain the
B. Enter new principal office address, i			<del></del>
Principal office address <u>MUST BE A ST</u>	(KEET ADDKESS')	Suite 6	
	1	Ponte Vedra Beach, FL 32082	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		128 Oyster Bay Way	
	1	Ponte Vedra, FL 32081	
D. If amending the registered agent and new registered agent and/or the new			
	N/A		
Name of New Registered Agent	120 0	<del></del>	
	128 Oyster Bay Way		
	li li	treet address)	20.
New Registered Office Address:	Ponte Vedra	, Florida	081 ————
	-	(City)	(Zip Code)
New Registered Agent's Signature, if ch	  anging Régistered Agen	<u>ıt:</u>	
hereby accept the appointment as registe	ered agent   1 am familiar  -	with and accept the obligations of the positi	on.
	Aln		
	Signature of New	Registered Agent, if changing	
	1'	• • • •	

•		<b>,</b>	!	
If amending the Officers address of each Officers				ficer/director being removed and title, name, and
(Attach additional sheets, Please note the officer/dir	if necess	ary)		
P = President; V= Vice ( Executive Officer; CFO :	President = Chief F	; T= Treasurer; inancial Officer	S= Secretary; D= Director; TI If an officer/director holds m	R= Trustee; C = Chairman or Clerk; CEO = Chief tore than one title, list the first letter of each office
	in the fol	lowing manner.	Currently John Doe is listed as	the PST and Mike Jones is listed as the V. There is
a cnange, mike Jones iea Mike Jones, V as Remove, Example;				hese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
<u>Fype of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	,	<u>Addres</u> s
1) Change	<del></del>	-	N/A	
Add				
Remove			1	
2) Change			N/A	
Add		-		
Remove				
3 ) Change			N/A	
Add				
Remove				
4) Change			N/A	
Add			1.	
Remove				
			   N/A	
5) Change			I NA	
Add				
Remove			.1	_
f) Change			N/A	
Add				
Remove			\.	

F. If amending or adding additional Articles, en	ter change(s) here:
E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be sp	ecific)
	·
, I	N/A
	<u> </u>
	<u>                                     </u>
	<u> </u>
	i i
	. <u> </u>
<del></del>	
F. If an amendment provides for an exchange, re	eclassification, or cancellation of issued shares,
provisions for implementing the amendment (if not applicable, indicate N/A)	if not contained in the amendment itself:
(g. nor approximation number)	}
	N/A
	1
	11

•	[1	
The date of each amendment(s) adoption:	September 1, 2017	, if other than the
date this document was signed.  Effective date if applicable:	September 1, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, this dat state's records.	e will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a		)
	shareholders through voting groups. The following statement of the stateme	nı
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	<u> </u>	
(voti	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	
Dated $O \beta - 28$ Signature $\sqrt{euts}$	0-1/7	
Signature / Curs	May lon A	
(By a director, president)	dent or other officer - if directors or officers have not been	
selected, by an incor appointed fiduciary	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
Lewis I	. Moskowitz	
	Typed or printed name of person signing)	
Presider	nt	
	(Title of person signing)	
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