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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:THE LA	W OFFICES OF BARI	BARA M. CALDWELL, P.A.	
DOCUMENT NUMBER	:P14000048	3952		
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.		
Please return all correspon	dence concerning this ma	atter to the following:		
	В	ARBARA M. CALDW	VELL	
		Name of Contact Perso	on	
7	HE LAW OFFICES	OF BARBARA M. CA	LDWELL, P.A.	
Firm/ Company				
557 Wymore Road North, Suite 101				
	Maitland, FL 32	Address 751		
City/ State and Zip Code				
	barbara@lawbmc.com			
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information co		se call: at (407) 607-4979	
Name of Co	ontact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Dep	partment 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)	
Mailing Address Amendment Section Division of Corporations		Amen	Address dment Section on of Corporations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahas	see, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

THE LAW OFFICES OF BARBARA M. CALDWELL, P.A.

(Name of Corporation	as currently filed wit	h the Florida Dept.	of State)		
P1400004	8952				
(Docume	nt Number of Corporati	ion (if known)			
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this <i>Florida Pr</i>	ofit Corporation add	opts the following	amendment(s) to
A. If amending name, enter the new name of the cor	poration:				
Caldwell Law Firm, P.A.				The new	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professio	or "incorporated" on all corporation na	or the abbreviation me-must-contain	n "Corp" the word	
B. Enter new principal office address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADDI	RESS)			7002)	
				7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A			20 1	ا التعديد التعديد
			<u>. </u>	2: 3 ^t 4	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		rida, enter the nam	e of the		
Name of New Registered Agent N/A			·		
	(Florida street address))			
New Registered Office Address: N/A			Florida		
	(City)		(Zip C	ode)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and a	ccept the obligations	of the position.		
N/A					
Signal	ure of New Registered	Agent, if changing			

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 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>	ė	<u>Addres</u> s
l) Change	N/A	N/A		N/A
Add			_	
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add			_	
Remove			_	
4) Change				
Add			_	
Remove			_	
5) Change				
Add				
Remove			_	
6) Change				
Add				
Remove			_	

	(Be specific)
N/A	
If an annual mant annual design on an analysis	name undersification or consultation of issued shows
If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amdate this document wa		option: N/A	, if other than the
	C	SEPTEMBER 16, 2021	
Effective date if app	licable:	(no more than 90 days after	er amendment file date)
Note: If the date ins document's effective	erted in this bl date on the De	ock does not meet the applicable statu partment of State's records.	ntory filing requirements, this date will not be listed as th
Adoption of Amenda	nent(s)	(CHECK ONE)	
The amendment(s) action was not requ	was/were ado uired.	oted by the incorporators, or board of d	irectors without shareholder action and shareholder
		oted by the shareholders. The number of approval.	of votes cast for the amendment(s)
must be separately	provided for e	roved by the shareholders through voting ach voting group entitled to vote separator the amendment(s) was/were sufficient	sately on the amendment(s):
by		(voting group)	
Dat Sigr	nature So	EMBER 16, 2021 Ware M Leldu	LU
	selected	ector, president or other officer – if dir by an incorporator – if in the hands of d fiduciary by that fiduciary)	a receiver, trustee, or other court
		BARBARA M. CALDWELL	
	-	(Typed or printed name of po	erson signing)
		PRESIDENT	
		(Title of person signing)	