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Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dirks Law Firm, F	' A		
DOCUMENT NUM	BER: P15000006347			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Ryan E. Dirks			
		Name of Contact Person	1	
	Dirks Law Firm, PA			
		Firm/ Company		
	2311 Alt. US 19, Suite 1	14		
		Address	•	
	Palm Harbor, FL 34683		•	
		City/ State and Zip Cod	e	
ryan	@landbarrister.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Ryan E. Dirks		at (538-4142	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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 P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Articles of Amendment to Articles of Incorporation of

Dirks Law Firm, PA

(Name	of Corporation as curre	ntly filed with the Florida Dept	t. of State)
P15000006347			
	(Document Number	r of Corporation (if known)	
rsuant to the provisions of section 607 Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation ad	lopts the following amendme
If amending name, enter the new n	ame of the corporation:		
//A			The
ime must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	r "Co". A professional corpora	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		2311 Alt. US 19, Suite 1	
		Palm Harbor, FL 34683	
Enter new mailing address, if appl (Mailing address MAY BE A POST		2311 Alt. US 19, Suite 1 Palm Harbor, FL 34683	
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			ne of the
trante of their registered rigent	2311 Alt. US 19, Suite 1	1	
	(Florida	street address)	
			24693
New Registered Office Address:	Palm Harbor		, Florida

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>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) N/A Change	N/A		N/A		
Add					
Remove					
2) Change					
Add		-		•	•
Remove	•				
3) Change				-	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		<u></u>		-	
Add					
Remove	•				
6) Change				-	
Add					
Remove					

E. <u>If ar</u> Atta)	mending or adding additional Articles, ach additional sheets, if necessary). (But the sheets is a sheet of the sheet of th	enter change(e specific)	s) here:			
N/A	(D.	· -F9/4/				
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. <u> </u>				<u> </u>		
				· · · · · · · · · · · · · · · · · · ·		
	•					
			 			
4.4						
			····			
. <u>If an</u> pro	n amendment provides for an exchange ovisions for implementing the amendment (if not applicable, indicate N/A)	e, reclassification if not conta	on, or cancella nined in the am	tion of issued s endment itself	hares. :	
		<u> </u>		·		
			· · · · · · · · ·			

The date of each amendment(s) adoption:, if date this document was signed.	other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	pe listed as the
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)	
(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.	
Dated3/5/17	
Signature 2	
(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)	
Ryan E. Dirks	
(Typed or printed name of person signing)	
Share holder	
(Title of person signing)	_