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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ Law Offices of Jessica Ehrlich, PA DOCUMENT NUMBER: P15000007474 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jessica D Ehrlich Name of Contact Person Law Office of Jessica D. Ehrlich, P.A. Firm/ Company 150 Second Avenue North, 15th Floor Address St. Petersburg, Florida 33701 City/ State and Zip Code jde Djdelegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessica D. Ehrlich Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

FILES
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUN 30 AM 8: 41

Law Offices of Jessica Ehrlich, P.A.

15000007474		ently filed with the Florida Dept. of State)		
(
	Document Number	er of Corporation (if known)		
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, t	his Florida Profit Corporation adopts the following amendment(s)		
. If amending name, enter the new name of aw Office of Jessica D. Ehrlich, P.A.	the corporation:	<u>:</u> The new		
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," o	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the		
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		150 Second Avenue North		
		15th Floor		
		St. Petersburg, Florida 33701		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		150 Second Avenue North		
		15th Floor		
		St. Petersburg, Florida 33701		
. If amending the registered agent and/or r new registered agent and/or the new regis				
Name of New Registered Agent				
150 8	Second Avenue N			
St. P	etersburg	a street address)		
New Registered Office Address:		(City) Florida (Zip Code)		

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 <math>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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)			
5) Change			
Add			
Remove			
6) Change			
Add			
Damassa			

ttach additional sheets, if necessary).	cles, enter change((Be specific)			
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an amendment provides for an exch	anga malagsifianti	ian an agnaellation	of issued shapes	
	ange, reciassincan	oined in the amena	ment itself:	
<u>provisions for implementing the ame</u>	<u>ndment it not cont.</u>	amed in the amend		
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment it not cont	amed in the amend		
<u>provisions for implementing the ame</u>	ndment it not cont	amed in the amend		
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date this document was signed.	SEGRETARY OF STATE
J	DIVISION OF CORPORATIONS
Effective date if applicable:	
	(no more than 90 days after amendmen fleware) 30 AM 8: 4
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated_ 618	
Signature	ner & Thele
(By a direct	or, president or other officer – if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
Jess	ica D. Ehrlich
	(Typed or printed name of person signing)
Own	ner
	(Title of person signing)