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(Re	questor's Name)	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

|

NAME OF CORPORATION: Cindee Br DOCUMENT NUMBER: P150000161		ses, Inc
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Cynthia Brown	(Cindee)	
	Name of Contact Person	
	Firm/ Company	
1510 North N S	Street	
Lake Worth Flo	Address orida 33460	
Lake Worth Tie	City/ State and Zip Code	
cindeebrown@ym	ail.com	
	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Cynthia Brown	at (561_	, 797-5531
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Cliston 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

Cindee Brown Enterprises, Inc.		
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
P15000016185		
(Document Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	anichdmen(s) to
A. If amending name, enter the new name of the corporation:		SE I
Cynthia Brown P.A.		The new -
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable:	". A professional corporation name must co	breviation 🎞
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		

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.

Example: 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>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
<u></u>			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s)	adoption: 02/25/2015	, if other than the
date this document was signed.		
Effective date if applicable:		_ _
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
Dated 02/25/2 Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Cynthia Brown	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	_

	iecessary). (Be spec	r change(s) here: cific)		^
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		Acc pa	choze o	VWXXJW
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f an amendment provides	for an exchange, rec	lassification, or ca	ncellation of issued	shares,
provisions for implementi	ng the amendment if	lassification, or ca not contained in t	ncellation of issued he amendment itse	<u>shares,</u> lf:
f an amendment provides provisions for implementi (if not applicable, indic	ng the amendment if	lassification, or ca I not contained in t	ncellation of issued ne amendment itse	<u>shares,</u> <u>f:</u>
provisions for implementi	ng the amendment if	lassification, or ca f not contained in t	ncellation of issued the amendment itse	shares, f:
provisions for implementi	ng the amendment if	lassification, or ca	ncellation of issued ne amendment itse	<u>shares,</u> <u>lf:</u>
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