## P15000024939

(Request	or's Name)	
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(Address	)	
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PICK-UP	] WAIT	MAIL
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(Docume	nt Number)	
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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: The Willia	M Mosie Crim	ngl Delense LAU RIM	ρĄ
DOCUMENT NUM	BER: P15000	024939		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	William	Moore_ Name of Contact Person		
		Name of Contact Person	1	
	William Mas	re LAU FI'M Firm/ Company		
		Address	rute 1700	
	Fait L	Auderdale F City/ State and Zip Code	33301	
		City/ State and Zip Code	e	
For further informati	E-mail address: (to be us	nsk & Gmal sed for future annual report se call:	notification)	
will.am	Masre	at ( <b>954</b>	523 5333	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Aı Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

The Willian More Criminal (Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
		P1500024
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:		
William Moore LAW	FILM PA.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:		<del> </del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		20
		<b>26</b> - 34. <b>31</b> - 360
C. Enter new mailing address, if applicable:		1 7 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u></u>
		9
		<del></del>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
Name of New Registered Agent		
(Florida	(street address)	
New Registered Office Address:	, Florida_	
	(City)	(Zīp Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		sition.
Signature of No.	v Registered Agent, if changing	
зідаши с 19 гес	e regimerea rigem, y erianging	
Cheat 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)

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 Jone	<u>28</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<del>l'ame</del>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	***			
Add				
Remove				
6) Change				
Add				
Remove				

	sheets, if necessary).	(Be specific)			
		<del></del>	<del></del>		
_					
	<u> </u>				
			<del></del>	····	
		<u> </u>		<u> </u>	
		· <del></del>			
<u>amendment</u>	provides for an exc aplementing the amo	hange, reclassifica	ition, or cancella	tion of issued sha	res,
(if not applic	aphenienting the and able, indicate N/A)	FRUITCH II HOL CO	manico in the air	ichament usen.	
(9)	,				
				- <del></del>	

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
Fine amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amend fficient for approval.	lment(s)
	roved by the shareholders through voting groups. The following , each voting group entitled to vote separately on the amendments	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
Dated	26/2020	
Signature		
selected	rector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other ad fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Owner / President (Title of person signing)	
	(Title of person signing)	