P15000043454

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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☐ PICK-UP	WAIT	MAIL
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	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMY GREENFIE	LD, P.A.			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	AMY GREENFIELD				
•		Name of Contact Person	1		
	AMY GREENFIELD, P.A.				
•		Firm/ Company			
	702 W BAY STREET UNIT	- A			
•		Address			
	TAMPA, FLORIDA 33605				
•		City/ State and Zip Code	t		
GREE	:NFIELD.AMY@GMAIL.CO	OM .			
	~	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:		18 DEC	
AMY GREENFIELD		813 at (777-6104	0 - 0	(변) /평류
Name o	f Contact Person				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	$\ddot{5}$	9.35 41.83
S35 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)	2 և	E K
Ame Divis P.O.	ing Address Industry	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

AMY GREENFIELD, P.A.

(Name	of Corporation as currentl	y filed with the Florida Dept. of State)		
P15000043454				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowing ame	ndment(s)
A. If amending name, enter the new na	ame of the corporation:			
N/A			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "	Co". A professional corporation name	the abbrevi	iation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
			·	_
C. Enter new mailing address, if appl		N/A		
(Mailing address MAY BE A POST	OFFICE BOX)			_
			- 23 -	;
			E	P1.
D. If amount in a harmonic and a new	.4/		 ی	
D. If amending the registered agent an new registered agent and/or the new			2J	3
Name of New Registered Agent	N/A			offi Gy
Name of New Registered Agent				图图
	(Florida etc	eet address)		SK.
	N/A			3,
New Registered Office Address:		, Florida (City)	(Zip Code)	
			(····)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar v	vith and accept the obligations of the pos	ition.	
	Signature of New R	egistered 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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Na</u>	ime		Address
1) Change	D	M	ATTHEW HILTON		702 W BAY STREET UNIT A
X Add					TAMPA, FLORIDA 33606
Remove					
2) Change			·		
Add					
Remove					
3) Change			<u> </u>		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				<u>_</u>	
Add					
Remove					
6) Change					
Add		<u> </u>			
Remove					

(Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	-
	-

•	NOVEMBER 26TH, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
_	OVEMBER 30TH, 2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	_ .
	(no more than 90 days after amenament fue date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
NOVE Dated	MBER 26TH, 2018	
Signature	amy Greenfield	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorpulator – if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	AMY GREENFIELD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

, . .