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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DeTata Law Group	o, P.A.	
DOCUMENT NUMI	P15000053875		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Stephen DeTata		
		Name of Contact Persor	1
	DeTata Law Group, P.A.		
		Firm/ Company	
	P.O. Box 292711		
		Address	
	Davie, Florida 33314		
		City/ State and Zip Code	
steve	.detata@aol.com		
	E-mail address: (to be use	ed for future annual report	notification)
For further informatio	n concerning this matter, please	e call:	
Stephen DeTata		at (95	4 445-4737
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	payable to the Florida Depa	ortment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Maine of Corporation as curren	ntly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the fol	lowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:	1 East Broward Boulevard	
(Principal office address MUST BE A STREET ADDRESS)	Suite 700	
	Fort Lauderdale, Florida 33301	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 292711	15
	Davie, Florida 33329	77
	(zip code correction)	1 1
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the	3
new registered agent and/or the new registered office address:		ណូ
Name of New Registered Agent		<u> </u>
	<u> </u>	
(Florida s	street address)	
New Registered Office Address:	, Florida	The Costs
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent.—I am familia	r with and accept the obligations of the posi	HON,

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: XChange	<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>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			. 0
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an excl	ange, reclassification, or cancellation of issued	d shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment its	<u>elf:</u>
()		
 		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoptio	December 15, 2018 n:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no mare than a partie that the same and the same)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date weent of State's records.	ill not be listed as the
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) at for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	さ
	by the board of directors without shareholder action and shareholder	The second secon
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	===
December 15, 20	18	d)
DatedSignature	ANDAN	5
(By a director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court fuciary by that fiduciary)	_
Steph	nen DeTata	
	(Typed or printed name of person signing)	
Own	er / Incorporator	
	(Title of person signing)	