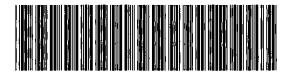
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_ FELDMAN LAWYERS PA DOCUMENT NUMBER: P15000071599 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHANIE FELDMAN Name of Contact Person Firm/ Company 9990 SW 77 AVE PH20 Address MIAMI FLORIDA 33156 City/ State and Zip Code SFELDMAN@THEFELDMANLAWYERS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 779-5904 Area Code & Daytime Telephone Number STEPHANIE FELDMAN 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 & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FELDMAN LAWYERS PA				
( <u>Name</u>	of Corporation as currently	filed with the Florida Dep	ot. of State)	
FELDMAN LAWYERS PA				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Sorida Profit Corporation a	adopts the following amendment	i(s) to
A. If amending name, enter the new n	ame of the corporation:			
FELDMAN & LOPEZ PA			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C ntion," or the abbreviation "P	lo". A professional corpor		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			SECRETARY OF STATE	コ ニ ロ フ
D. If amending the registered agent ar new registered agent and/or the ne		ss in Florida, enter the na	me of the	. :
Name of New Registered Agent	STEPHANIE FELDMAN			
	9990 SW 77 AVE PH20		<del>,                                    </del>	
	(Florida stree	et address)		
New Registered Office Address:	MIAMI		Florida 33156	
······································	(0	City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: Tered agent. I am familiar wi	ith and accept the obligation	ns of the position.	

## 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>enes</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	V	_	CAROLINA LOPEZ		9990 SW 77 AVE, PH20
X Add					MIAMI, FL 33156
Remove					
2) Change	<del>1'''</del> ''	<del></del>			
Add					
Remove					
3 ) Change		<del></del>	<u> </u>		
Add			•		-
Remove	•				
4) Change	<u> </u>			<del></del>	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	
	<del></del>		
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cance ndment if not contained in the a	llation of issued shares, mendment itself:	
	· · · · · · · · · · · · · · · · · · ·		••••

The data of each amoundment(a) as	MAY 1, 2017	_ , if other than the
The date of each amendment(s) and date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
MAY 1, 20 Dated	Luxhamu Vall	
selecte	rector, president or other officer – it directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	
	STEPHANIE FELDMAN	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	