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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Caroline Carollo, P.A.
DOCUMENT NUMBER: <u>\$15000080492</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Caroline Carollo
Carollo Law, P.A.
1001 Brickell Bay Orive, Suite 2700
Miami, FL 33131 City/ State and Zip Code
City/ State and Zip Code Carollo @ Carollolaw. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Caroline Capollo at 305, 206-5588
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

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of of	HAT II WE SEE
Caroline Carollo, P.A.	2016 OCT 21 PM 1: 56
(Name of Corporation as currently file	ed with the Florida Dept. of State)
P15000080492	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Carollo Law, 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.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	100 Brickell Bay Orive Suite 2700
C. Poten and Was address of small colds.	mrami, FL 33131
	100 Brickell Bay Drive Suite 2700
	Mrami, FL 33131
D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent Caroline Care	• •
1001 Brickell (Florida street a	Bay Drive, Suite 2700
New Registered Office Address: Mami	, Florida 33 13 (Zip Code)
(5).	, , , , , , , , , , , , , , , , , , ,

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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.

Example: X Change	PT Johr	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	DPST	Caroline Carollo	1001 Brickell Bay Drive
Add			suite 2700
Remove			Miami, FL 33131
2) Change			
Add			
Remove			
3)Change			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional she	ng additional Art eets, if necessary).					
						
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<u>If an amendment pr</u>						
provisions for impl	ementing the amo le. indicate N/A)	endment if not	contained in th	e amendment its	self:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	PALLAL ALCOH TARY OF JUNE
Effective daté if applicable:	注名"18基 0月 TQB的 28 64 5 5
(no more than 90 days after amendment	2016 OCT 21 PM 1:56
Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,"
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	
Dated October 19, 2016 Signature Caroline Carollo	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
Caroline Carollo (Typed or printed name of person signing)	
President/Director	
(Title of person signing)	