## P160000005676

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SECRETARY OF STATE ON STATE

FEB 23 2016

C LEWIS

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations	
NAME OF CORPORATION: LJV Law 6  DOCUMENT NUMBER: P160000056	roup, P.A.
DOCUMENT NUMBER: 17000	<i>y</i> 6.
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
LAUR J. VA	REID
Name of Conta	ect Person
40 Ide of Veni	ce Dave #/
Fost Landordal	e, FL 33301
City/ State and	•
	L. Con al report notification)
For further information concerning this matter, please call:	
LAURA J. VAISLA at (	754) 290-8855
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
San Filing Fee Certificate of Status Certified Copy (Additional coenclosed)	y Certificate of Status
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to

FILEU SECRETARY OF STATE DIVISION OF CORPURATIONS

**Articles of Incorporation** 

LJVLau	of	P A.	<b>16</b> FEB 22	AM 11: 04
	<del></del>	iled with the Florida I	Pent of State)	<del></del>
Quality Corporation		inea with the Florida 1	Pept, of State)	
(Document)	ment Number of (	Corporation (if known)		
(Document)	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Fl</i>	orida Profit Corporatio	n adopts the following an	endment(s) to
A. If amending name, enter the new name of the c	orporation:			
LJV Law,	P, A.		The	new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," " <mark>Inc," or</mark> "Co	o". A professional corp	orporated" or the abbre poration name must cont	viation ain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>0x</u> )	1314 E.L # 293	-as Olas Blu	
		Fost Laud	lordale FL	3330/
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter the	name of the	
Name of New Registered Agent				
***************************************	(Florida street	address)	——————————————————————————————————————	
New Registered Office Address:			, Florida	
	(C	ity)	(Zip Code,	
New Registered Agent's Signature, if changing Rec	gistered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obligat	ions of the position.	
Sign	nature of New Reg	istered Agent, if changir	ng	

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	John Doe	i.	10	
X Remove	<u>v</u>	Mike Jone	<u>eş</u>	NA	
_X Add	<u>sv</u>	Sally Smi	<u>th</u>	ı	
Type of Action (Check One)	<u>Title</u>	1	Name		Address
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Add					
Remove					
2) Change					
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rovisions for implementing the a	amendment if not conta	ined in the amendment itself:	

The date of each amendment(s) ac	doption:		<del>[:   :</del>	if other than the
late this document was signed.			SECRETAR DIVISION: DE C	COFSTATE
Effective date <u>if applicable</u> :				
	(no more t	han 90 days after amendment file dat	e) 16 FEB 22	AM 11: 04
Note: If the date inserted in this blocument's effective date on the De		applicable statutory filing requirements.	nts, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•		
The amendment(s) was/were ado by the shareholders was/were su	• •	s. The number of votes cast for the an	nendment(s)	
		rs through voting groups. The following to vote separately on the amendment		
"The number of votes cast	for the amendment(s) wa	as/were sufficient for approval		
by	(voting group)	*		
	(voling group)			
The amendment(s) was/were ado action was not required.	pted by the board of dire	ectors without shareholder action and	shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporator	s without shareholder action and share	eholder	
Dated 2-	18-16			
Dated	1 /	71//		
Signature	1,0-11	Vaule	<del>,</del>	<u></u>
		r officer - if directors or officers have		
	a, by an incorporator — it ted fiduciary by that fidu	in the hands of a receiver, trustee, or ciary)	otner court	
	LAURA	J. VA RELA		
•	(Typed or pr	inted name of person signing)		<del></del>
	Pres	ident		

(Title of person signing)