P16000027940

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COVER LETTER

Division of Corporations				
SUBJECT: The Asset Protection Law Firm, P.A. Name of Corporation				
DOCUMENT NUMBER: P160000 27 940				
Please return all correspondence concerning this matter to the following:				
Jennifer Espinet-Portell, Esq. Name of Contact Person				
The Asset Protection Law Firm, P.A. Firm/Company				
3921 NW 126 AVENUR				
Conl Springs, FL 33065 City/State and Zip Code				
joefloridalegal @ aol. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (SU) 923-8039 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

Articles of Amendment to Articles of Incorporation

· of	
The Asset Protection La	W Firm, P.A.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P160000279	40
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this of Incorporation:	corporation adopts the following amendment(s) to its Articles o
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
·	70
C. Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	The Section of the Se
	NIA ST
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Jennifer E	Spinet-Portell, Esq.
3921 NW 12 (Florida stre	6 Avenue
(Fibrual sire	et dauress)
New Registered Office Address: ON Spring	Florida 33065
(Cuy)	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent/I)am familiar wit	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change				-	
Add					
Remove					
2) Changa					
2) Change Add		_			
Add					
3) Change					
Add			· · · · · · · · · · · · · · · · · · ·	-	
Remove			•		
Kemove					
4) Change		_		-	
Add					
Remove					
5) Change					
Add				-	
Remove					
Kelilove					
6) Change				-	
Add					
Remove					

	nal sheets, if necessary).	(Be specific)				
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f an amendme	ent provides for an excl	hange, reclassific	ation, or cancella	ation of issued s	hares,	
neovicione for	implementing the ame	nument ii not co	mamed in the ai	nenament usen:	_	
provisions for	olicable, indicate N/A) –					
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provisions for	olicable, indicate N/A)					

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder	
Dated	22/16	
Signature	GM N	
	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
••••	President	
	(Title of person signing)	