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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Sara Jones Law Group, PH				
DOCUMENT NUMBER: 216CCC YS 673				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sara Jones				
Name of Contact Person				
Diam/Company				
Firm/Company 138 Col 1958 Col 1968 Col				
LAKE WALES FL 33853 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sava Joines at 863 455 48/1 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 La \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FROM: 8634551501

TO: +18502456897

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Articles of Amendment to Articles of Incorporation of

	on as currently filed with the Florida Dept. of State)
P1600C0 (Docum	450'73 ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Cara lar	785 Law, P.A. The new
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	(same) 138 Cohassett Ave
(Principal office address MUST BE A STREET ADD	RESS)
	Oute A
	Lake Males, Fl. 33853
C. Enter new mailing address, if applicable:	00 8 / 10
(Mailing address MAY BE A POST OFFICE BO)	0 <u>PO. DOX 48</u>
	Lake Wales, FL 33859
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
No. 2 Projection and A country of Company of the continue Project	Accord Accord
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	ater ed Agent: am familiar with and accept the obligations of the position.
Si	ure of New Registered Agent, if changing
Signal	ure of New Revinierea Avent, if Changing

Ρ.

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.

X Change	PT John	Doe		
X Remove	V Mike	<u> Jones</u>	$\langle 1/1 \rangle$	
X Add	SV Sally	Smith	MIL	
Type of Action (Check One)	<u>Title</u>	Name	, ,	<u>Addres</u> s
1) Change		·		
Add				
Remove				
2) Change				
Add				
Remove				of the or the second
3) Change	HV	1		
Add				or a section of the s
Remove				
4) Change	***************************************	Mark to the same t		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

H Amending of Add	ing additional Art	icles, enter chan	gc(s) here:		
(Attach additional sh	eets, if necessary).	(Be specific)			
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f an amendment or	ovides for an exch	ange, reclassific	ation, or cancellat	ion of issued shares	٠
	e indicate MA	nament ii not coi	ntained in the ame	endment itself:	
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	1 1 1 1 1	
The date of each amendment(s) add date this document was signed.	ption:(C/ / V)	, if other than the
Effective date if applicable:		
<u> </u>	(no more than 90) days after amendment file o	late)
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the icient for approval.	amendment(s)
	oved by the shareholders through voting groups. The folloach voting group entitled to vate separately on the amend	
	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
C. The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action an	ud shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder action and shareholder	areholder
Dated	Macik	
	ance Common V	
Signature By a div	ector, president or other officer - if directors or officers ha	ve not been
selected,	by an incorporator - if in the hands of a receiver, trustee, or	
appointe	1 fiduciary by that fiduciary)	
•	<u>Cara Jones</u>	
	(Typed or printed name of person signing)	
	divector	
	(Title of person signing)	

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