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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Hartboodt Law Group PA DOCUMENT NUMBER: PLUTOCO 4 10 2 11
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara J. Harbordt Name of Contact Person Hartboodt Law Group, P.A. Firm/ Company TH Spring Vista Dr. Suite 200 Address Debard, Fl. 32713 City/ State and Zip Code barbhartbroegal. Com To-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara Hartbood at (386) 690 - 1878 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a cheek for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Hadbord Law Gone	PA		
(Name of Corporation as curre	ntly filed with the Florida Dept	ot, of State)	
Pi li UC	6046211		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	as Florida Profit Corporation ac	idopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation:			
Hartbrood Law I	D'A	The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpore	orated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	DIG		
			Π
C. Enter new mailing address, if applicable:	- 1 -		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		\neg
		<u></u>	
		َ مِن	_
D. re			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address.		me of the	
	 -		
Name of New Registered Agent \		 	
(Florida :	street address)	<u></u>	
New Registered Office Address: \(\sim\) \(\sigma\)		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations	is of the position.	
N (a Signature of New	Registered Agent, if changing		

P = President; V= Vic Executive Officer; CFO held. President, Treasu Changes should be not a change, Mike Jones l Mike Jones, V as Remo	ets, if necess director the Presiden O = Chief wer, Direct ed in the fa leaves the c	sary) le by the first letter of the office title: it: T= Treasurer: S= Secretary: D= L Financial Officer. If an officer/direct or would be PTD. ollowing manner. Currently John Doe	(A) Q Director: TR = Trustee; C + Chairman or Clerk; CEO = Chief for holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\underline{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			<u>.</u>
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
KCHRAC			
5) Change			
Add			
Remove			
6) Change		- -	
Add			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Remove

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
<u> </u>			<u> </u>	 -
				
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f an amendment provides for an excl	unae reclassification	or cancellation of i	icenart charac	
provisions for implementing the ame	ndment if not containe	d in the amendmen	nt itself:	
(if not applicable, indicate N/A)				
21-				
<u> </u>				
			.	

				,

The date of each amendment(s) adoption:date this document was signed.	8/20/2018	, if other than the
Effective date if applicable:	12018	
	no more than 90 days after amendment f	île date)
Note: If the date inserted in this block does no document's effective date on the Department of S		tirements, this date will not be listed as the
Adoption of Amendment(s) (CHF	CCK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
	dment(s) was/were sufficient for approval	
by	ng group)	
(votii	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action	on and shareholder
M The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action an	id shareholder
Dated8/20/20	18	
	dent or other officer – if directors or office porator – if in the hands of a receiver, trus	
Ba	rbara J. Hardbro Typed or printed name of person signing)	<u>ct</u>
	President (Title of person signing)	