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(Re	equestor's Name)	
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July

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Law Office of Ree	va O. Tirmal, P.A.	_		
DOCUMENT NUME	BER: P16000046792				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Reeva O. Tirmal				
		Name of Contact Person	n		
	Law Office of Reeva O. Tirmal, P.A.				
		Firm/ Company	<u> </u>		
	1111 E. Sunrise Blvd., Unit 305				
	Address				
	Fort Lauderdale, FL 33304				
		City/ State and Zip Cod	e		
· rtirma	l@tirmallawoffice.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Reeva O. Tirmal		at (954	300-3495		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Law Office of Reeva O. Tirmal, P.A.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
Law Office of Reeva O. Tirmal, P.A.			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
.N/A		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address,		1111 E. Sunrise Blvd., Unit 305	
(Principal office address MUST BE A S		Fort Lauderdale, FL 33304	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1111 E. Sunrise Blvd., Unit 305	
		Fort Lauderdale, FL 33304	
D. If amending the registered agent an	nd/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the ne	w registered office addre	ss: 3	
Name of New Registered Agent	N/A	S	
		岩田田田	
	(Florida s	street address)	
New Registered Office Address:	1111 E. Sunrise Blvd., U	nit 305, Fort Lauderdale Florida 33304	
New Registered Office Address.	(City) (Zip Corke) 5		
		書も	
New Registered Agent's Signature, if c		1 t: r with and accept the obligations of the position.	
Thereby decept the appointment as regist	егей адет. Тит јатаа	with this 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.

X Change	<u>PT</u>	John Doe	
X Remove '	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3) Change			
Add			
Remove			
4) Change		N/A	
Add			
Remove			-
5) Change		N/A	
Add			
Remove			
6)Change		N/A	· .
Add			
Remove			<u> </u>

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		,		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification	on, or cancellation	of issued shares,	
(if not applicable, indicate N/A)	nument ii not comp	inca in the amena.	atent itsem	
/A				
				_ _
	•			
	-			

The date of each amendment(s) :	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after aniendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were accarding was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
Septembe Dated	r 7, 2016	
Signature	Negrund	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Reeva O. Tirmal	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	