## P16000053098

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## **COVER LETTER**

型 10V 14 来自 BH TO: Amendment Section Division of Corporations NAME OF CORPORATION: Warren T, Zinn P.A. DOCUMENT NUMBER: 81-3075721 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Warren Zinn Name of Contact Person Warren T. Zinn P.A. Firm/ Company 7705 NW 48 St. Ste 110 Address Doral, FL 33166 City/ State and Zip Code warren@atlascapitalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 4770016

Area Code & Daytime Telephone Number Warren Zinn Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

## Articles of Amendment Articles of Incorporation



Warren T. Zinn P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)
P1600053098

81-3075721

ent(s) to

. , , , ,	(Document Number	of Corporation (if known)	<b>/</b>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	Jopts the following amendme
A. If amending name, enter the new na	ime of the corporation:		
Zinn, Zinn & Zinn P.A.			47*1
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional corpore	The new orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		7705 NW 48TH St. Ste. 1	10
		Doral, FL 33166	
		<del>**</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7705 NW 48TH St. Ste. 110	
	, <del></del>	Doral, FL 33166	·
D. If amending the registered agent ar new registered agent and/or the new			ne of the
Name of New Registered Agent	Warren Zinn		
	7705 NW 48th St. Ste. 1	10	<del></del>
	(Florida)	treet address)	
New Registered Office Address:	Doral		, Florida 33166
		(City)	(Zip Code)
New Registered Agent's Signature, if e			s of the position.
	Signature of Mine	Ragistavad Agant 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<del></del>
2) Change			_
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
-	
-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	

The date of each amendment(s) adoption this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich 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)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
11/1/2017		
DatedA		
Signature		
(By a dire selected,	ctor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
W	arren Zinn	
_	(Typed or printed name of person signing)	<del></del>
Pt	resident	
	(Title of person signing)	