P1600053904

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COVER LETTER?

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Law Offices of Melissa Groisman P.A.					
DOCUMENT NUMB					
The enclosed Articles of	f Amendment and fee are su	omitted for filing.			
Please return all corresp	condence concerning this mat	ter to the following:			
I	Melissa Groisman				
-		Name of Contact Persor	1		
-	Firm/ Company				
2	20900 NE 30th Ave., Suite 60	00			
•	Address				
4	Aventura, FL 33180				
-		City/ State and Zip Code	2		
meliss	agroisman@gmail.com				
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, pleas	e call:			
Melissa Groisman		at (527-3971		
Name of Contact Person Area Code & Daytime Telephone Num		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)		
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

Articles of Amendment to Articles of Incorporation of

Law Offices of Melissa Groisman, P.A.

(<u>Name</u>	of Corporation as currer	itly filed with the Florida Dept. o	f State)	
P16000053904				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> adop	ots the following amendmen	ıt(s) to
A. If amending name, enter the new na	ame of the corporation:			
Melissa Groisman, P.A.			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "churtered," "professional associa	nation "Corp." "Inc," or	"Co". A professional corporation	ted" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		20900 NE 30th Ave., Suite 6	00	n
		Aventura, FL 33180	827	
			2	0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20900 NE 30th Ave., Suite 60	00	; [
		Aventura, FL 33180	3(1)	
			· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent ar new registered agent and/or the ne			of the	
Name of New Registered Agent		4- 400		
	20900 NE 30th Ave., Su	street address)		
	Aventura		33180	
New Registered Office Address:		, F	lorida(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: Ewith and accept the obligations o	of the position.	
J / J	/ - _			

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.

Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jone	<u>es</u>		
_X Add	<u>sv</u>	Sally Smit	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	7	Name		Address
1) Change				_ ,	
Add					
Remove					
2) Change		<u> </u>			
Add					
Remove					
3)Change				-	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				<u>.</u> .	
Add					
Remove					
6) Change				-	
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · - ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amen	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
2/21/2017 Dated Signature	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
Melissa Groisman	
(Typed or printed name of person signature)	gning)
President	
(Title of person signing)	