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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEBRA FLYNN F	PA			
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JOSE THOMAS				
		Name of Contact Person	n		
	THOMAS AND COMPANY	CPA PA			
	Firm/ Company 9710 STILRING ROAD STE #101				
		Address			
	COOPER CITY FLORIDA	33024			
		City/ State and Zip Cod	e		
INF	D@JTTCPA.COM				
	_	sed for future annual report	notification)		
	t man address, two oc ac	ca in taxare amaan report			
For further information	on concerning this matter, pleas	se call:			
JOSE THOMAS		954 at (435-7272		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depo	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		
P.C). Box 6327	Clifton 2661 E	Building		

Articles of Amendment to Articles of Incorporation of

n	_	R	R	Δ	FI	V	N	M	PA	
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(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P16000061209	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation DEBRA DEVITO FLYNN P.A.	on: The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent N/A	
New Registered Office Address: N/A	ida street address), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam Signature of A	

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 Doc	
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			N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	the specifici
N/A	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	

	09/12/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	NA DIDDA 0	
US Effective date <u>if applicable</u> :	0/12/2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/12/20	018	
DatedSignature	Trypies	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JOSE THOMAS	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	