## P16000065338

(Requestor's Name)	<u> </u>
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☐ PICK-UP ☐ WAIT ☐	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations DOMLAW, PÅ NAME OF CORPORATION: P16000065338 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DOMENICK GIOVANNI LAZZARA, ESQUIRE Name of Contact Person DOM LAW, PA Firm/ Company 4814 NORTH 15TH STÄEET, SUITE #7 Address TAMPA, FLORIDA 33605 City/ State and Zip Code DOM@DOMLAW.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMENICK GIOVANNI LAZZARA, ESQUIRE 813 606-5036
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$\text{Certificate of States}\$

■\$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

DOM LAW, PA	Articles of Am to Articles of Inco of	rporation	SSO STATE
· · · · · · · · · · · · · · · · · · ·	Corporation as currently	filed with the Florida Dept. of State)	1 1 1 1 C
P16000065338	1		ڊي آ
	(Document Number of	Corporation (if known)	6 + 62
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	<i>llorida Profit Corporation</i> adopts the follow	ving amendiment(s) to
A. If amending name, enter the new name	of the corporation:		
DOM LAW, PA			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corporation name mu. P.A."	abbreviation
B. Enter new principal office address, if a	 <u>pplicable:</u>	DOM LAW, PA	
(Principal office address MUST BE A STR.	EET ADDRESS )	1814 NORTH 15TH STREET, SUITE #7	ı
		TAMPA, FLORIDA 33605	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		DOM LAW, PA	
		1814 NORTH 15TH STREET, SUITE #7	
		TAMPA, FLORIDA 33605	
D. If amending the registered agent and/o new registered agent and/or the new r		ss in Florida, enter the name of the	
PI	ETER KELLY, ESQUIRE		
Name of New Registered Agent 18	U SOI NORTH HIGHLAND	AVENUE	
	(Florida stree	t address)	<del>_</del>
TANGE TO SEE THE New Registered Office Address:			33602
			ip Code)
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as registere		th and accept the obligations of the position	ų.
	in te		
	Signature of New Re	gistered Agent, if changing	_
		$\mathcal{O}$	

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

Changes should be noted in the following mamer. 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		Sally Smith		
Type of Action (Check One)	<u>Title</u>		me 	<u>Addres</u> s
1) Change				
Remove				
2) Change				
Add				
Remove				
3 ) Change		<del>-</del> _		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Article	s enter change(s) here
(Attach additional sheets, if necessary). (	Be specific)
· · · · · · · · · · · · · · · · · · ·	
·	
<del></del>	
If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s

Å	UGUST 30, 2017	
The date of each amendment(s) adoption: 🔃		if other than the
date this document was signed.		
AUGUST 15. 2	(117	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will State's records.	not be listed as the
Adoption of Amendment(s) (CE	HECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	   shareholders. The number of votes cast for the amendment(s)   approval. 	
	 ne shareholders through voting groups. The following statement 	
"The number of votes cast for the ame	 endment(s) was/were sufficient for approval 	
by		
	ing group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	   incorporators without shareholder action and shareholder 	
AUGUST 30, 2017 Dated		
Signature		
	sident or other officer – if directors or officers have not been	_
	orporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciar	y by that fiduciary)	
DOMENIC	CK GIOVANNI LAZZARA, ESQUIRE 	
	(Typed or printed name of person signing)	
PRESIDE	NÍ, DOM LAW, PA	
	(Title of person signing)	