## P16000083571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800333109568

08/19/19--01005--025 \*\*35.00

SC 16 PM 1-16

R. WHITE SEP 17 2019

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	RPORA'	TION: MICHELE A MC	CLINTOCK, INC	: 		
DOCUMENT N		P16000083571				
The enclosed Art	icles of .	Amendment and fee are su	bmitted for filing			
Please return all o	correspo	ndence concerning this ma	tter to the followi	ng:		
	L	AURA P SANDOVAL GO	NZALEZ			
		·	Name of Cont	act Perso	n	
	SANDOVAL ACCOUNTING SOLUTIONS LLC					
	<del></del> -		Firm/ Cor	npany		
	2133 WORTHINGTON RD					
		· · · · · · · · · · · · · · · · · · ·	Addre	SS		
	w	EST PALM BEACH, FL	33409			
			City/ State and	I Zip Cod	le	
9	SANDO	VALACCSOLUTIONS@	OUTLOOK.COM	1		
-		E-mail address: (to be us			notification)	
For further inform	nation co	oncerning this matter, pleas	se call:			
LAURA P SANI	DOVAL	GONZALEZ	at ( 25	6	698-1370	
Name of Contact Person at ( Area Code & Daytime Telephone N					de & Daytime Telephone Number	
Enclosed is a chec	ck for th	e following amount made j	payable to the Flo	rida Depa	artment of State:	
\$35 Filing Fe	e	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$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



August 26, 2019

LAURA P SANDOVAL GONZALEZ 2133 WORTHINGTON RD WEST PALM BEACH, FL 33409

SUBJECT: MICHELE A MCCLINTOCK, INC.

Ref. Number: P16000083571

We have received your document for MICHELE A MCCLINTOCK, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 119A00017627

## Articles of Amendment to Articles of Incorporation of



MICHELE A MCCLINTOCK, INC		2019 SET 16 PH 1: 15
(Name of	Corporation as curr	ently filed with the Florida Dept. of State)
P16000083571		
	(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, (	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new nam	ne of the corporation	<u>u</u>
MICHELE A MCCLINTOCK, P.A.		The new
	tion "Corp." "Inc." i	vation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
В. <u>Enter new pri</u> ncipal office address, if	Applicable	N/A
(Principal office address MUST BE A STI		<del> </del>
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O		N/A
		<del></del>
D. If amending the registered agent and	or registered office a	address in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
-	(Florid	la street address)
	N/A	,
New Registered Office Address: 1		, Florida (City) (Zip Code)
		(Elly Charge
New Registered Agent's Signature, if cha	unning Degistered to	

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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes_		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) N/A Change	Ν/Λ	<u>.</u>	N/A	 N/A	
Add					
Remove					
2) Change		_		 	
Add					
Remove					
3.) Change		_		 	
Add					
Remove					
4) Change				 	
Add					
Remove					
5) Change				 	
Add					
Remove					
6) Change		<del>_</del>		 	
Add					_
Remove					

(Attach additional sheets, if necessary). (Be specific)			
nending name to a professional service corporation.		_	
e specific business purpose is; Real Estate Sales	License	NO.	SL3449249
ral Estate Sales will be the specific professional service t	he corporation wi	ll be rei	ndering.
<del></del>			
. <del></del>			
		<u> </u>	
	<del>.</del>		
	<del></del>		
			c
provisions for implementing the amendment if not of			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			
provisions for implementing the amendment if not of (if not applicable, indicate N/A)			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
ν.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will 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 co	st for the amendment(s) was/were sufficient for approval	
by		
	(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	
9/4/20 Dated	119	
Signature	MULTELE MUUNTOLK	
(Byl- selec	Ldiractors president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	MICHELE MCCLINTOCK	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	