P16000095364

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone #	ý)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)
(Doci	ıment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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And B MH

R. WHITE HAR 1 2 2018

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION:	mer Law F	F.M. P.A.
DOCUMENT NUMB	er: <u>P16</u>	00009530	54
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	atter to the following:	
	π.	- 45162 (a sal	
-		Ssica Corrid	
		Name of Contact Persor	1
-	<u> </u>	riw Law F	Suite 750
		Firm/ Company	·
	1990 1	Your Street	, Suite 750
-		Address	
-		s, [-L. 3	4236 :
		City/ State and Zip Code	e e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
_			
J 254 K	a carrier	at (200	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
		11100 00	de le isayame reteptione ramber
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
		•	
🕱 \$35 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)
	ing Address		Address
	ndment Section		ment Section
	ion of Corporations		n of Corporations
	Box 6327		Building
Talla	hassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Amen	dment		m_{i}	
·	to Articles of Incorpo	ration		•	4
	of	n ativii		18 HAR -7	Au in .
		C 0.0	DΛ		AU IO: 13
(Name of Corno	ration as currently file	ed with the El	orida Dent. of	State)	2
	0095364		orida Dept. or		
	ocument Number of Co	poration (if k	nown)		
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:		•		s the following am	endment(s) to
A. If amending name, enter the new name of the	e corporation:				
NA				Tr.	
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	lorp," "Inc." or "Co"	. A profession		ed" or the abbrev	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET).			NIA		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or regnew registered agent and/or the new registered. 	 istered office address i	n Florida, en	er the name o	<u>f the</u>	
Name of New Registered Agent	<u>~</u> /1				
	(Florida street a	ldress)			
New Registered Office Address:			Flo	orida	
New Registered Agent's Signature, if changing	(City Registered Agent:	<i>)</i>		(Zip Code)	
I hereby accept the appointment as registered age	nt. I am familiar with a	ind accept the	obligations of	the position.	
	N/A				
	Signature of New Regist	ered 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	Other Adm Carrier	PO Box 7327 Tallahassee, Fl. 32319
Add		Tallahassee, FL. 32314
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Adđ		
Remove		
5) Change		****
Add		
Remove		***************************************
6) Change		
Add		
Remove		

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			<u>_</u>		
an amendment pr	ovides for an exchan	ge, reclassification,	or cancellation of is	sued shares,	
rovisions for impl	ementing the amend	ment if not containe	d in the amendment	itself:	
(if not applicabl					
		41/A			
	· · · · · · · · · · · · · · · · · · ·				
<u>_</u>					
					·
		<u>-</u>		·	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	12/31/2017 (no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date	ý
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requiremen artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the am ficient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	oted by the board of directors without shareholder action and so oted by the incorporators without shareholder action and share	
Dated	ector, president or other officer) – if directors or officers have	not been
selected appoint	by an incorporator – if in the hands of a receiver, trustee, or of diductary by that fiductary)	other court
	Jessica Caerier	
	(Typed or printed name of person signing)	
_	Officer	
	(Title of person signing)	·