

P170000000409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

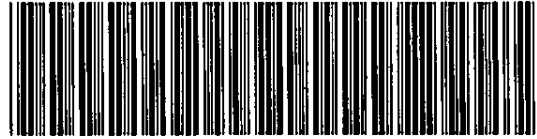
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000293876440

01/12/17--01006--021 \*\*35.00

FILED  
2017 FEB -1 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend Name  
chg

FEB -2 2017  
I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MCNAMARA LAW GROUP, INC

DOCUMENT NUMBER: P17000000409

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRANCE MCNAMARA  
Name of Contact Person  
MCNAMARA LAW GROUP INC  
Firm/ Company  
2585 PORTAGE RD.  
Address  
NILES, MI 49120  
City/ State and Zip Code  
TPMAC@SPRYNET.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRANCE MCNAMARA at (727) 415-4687  
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  
↑  
ALREADY PAID
- \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2017

TERRANCE MCNAMARA  
MCNAMARA LAW GROUP INC  
2585 PORTAGE RD  
NILES, MI 49120

SUBJECT: MCNAMARA LAW GROUP INC  
Ref. Number: P17000000409

We have received your document for MCNAMARA LAW GROUP 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):

The specific business purpose of the professional association must be stated in the document.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 417A00000833

← DONE.  
THANK YOU.

RECEIVED  
17 FEB -1 PM 12:31  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

MCNAMARA LAW GROUP, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000000409

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

MCNAMARA LAW GROUP, P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida

(City)

(Zip Code)

FILED  
2017 FEB -1 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
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:**

Change                      PT      John Doe

Remove                      V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____
2) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____
3) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____
4) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____
5) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____
6) <input type="checkbox"/> <u>Change</u>	_____	_____	_____
<input type="checkbox"/> <u>Add</u>			_____
<input type="checkbox"/> <u>Remove</u>			_____

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

ARTICLE III IS HEREBY AMENDED AS FOLLOWS:

THIS CORPORATION IS ORGANIZED FOR THE FOLLOWING PURPOSES:

A) TO ENGAGE IN THE PRACTICE OF LAW AS A PROFESSIONAL LAW CORPORATION AND TO CARRY ON SERVICES INCIDENT THERETO. THE PRACTICE OF LAW IS THE SOLE AND EXCLUSIVE PROFESSIONAL SERVICE TO BE RENDERED BY THIS CORPORATION.

B) TO OWN PROPERTY, ENTER INTO CONTRACTS, AND TO CARRY ON ANY BUSINESS NECESSARY OR INCIDENTAL TO THE ACCOMPLISHMENT OR FURTHERANCE OF THE PURPOSES OR OBJECTS OF THIS CORPORATION.

C) THE PROFESSIONAL SERVICES OF THIS CORPORATION SHALL BE CARRIED OUT ONLY THROUGH OFFICERS, EMPLOYEES AND AGENTS, EACH OF WHOM HAS BEEN LICENSED TO PRACTICE LAW IN THE STATE OF FLORIDA.

D) NO CAPITAL STOCK OF THIS PROFESSIONAL CORPORATION SHALL BE ISSUED TO ANYONE OTHER THAN AN INDIVIDUAL WHO IS DULY LICENSED OR OTHERWISE LEGALLY AUTHORIZED IN SOME STATE TO RENDER LEGAL SERVICES.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.


The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.


Dated JANUARY 6, 2017

Signature  PRES

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TERRANCE MCNAMARA

(Typed or printed name of person signing)

 PRESIDENT

(Title of person signing)