

P1700000 8144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

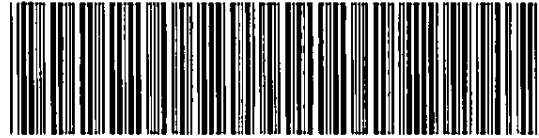
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2019
T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SLJR PA

DOCUMENT NUMBER: FT000008144

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

Please return all correspondence concerning this matter to the following:

Samuel Landol, Jr.

Name of Contact Person
Landol Law Firm, PA

Firm/Company
5841 NE 19 Terrace

Address
Fort Lauderdale, FL 33308

City, State and Zip Code

Samuel.Landol@gmail.com SAMUEL.LANDOL-LAW.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

Samuel Landol Jr. _____ 954 445 8773

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 | ☐ \$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
260 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SLJRPCA

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

PT 0000068144

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1000, Florida Statutes, this *Florida Profit Corporation* adopts the following amendments to its Articles of Incorporation:

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

Landol Law Firm, PA

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)

2101 NW Corporate Blvd, Suite 410

Boca Raton, FL 33431

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2101 NW Corporate Blvd, Suite 410

Boca Raton, FL 33431

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 Samuel Landol, Jr.

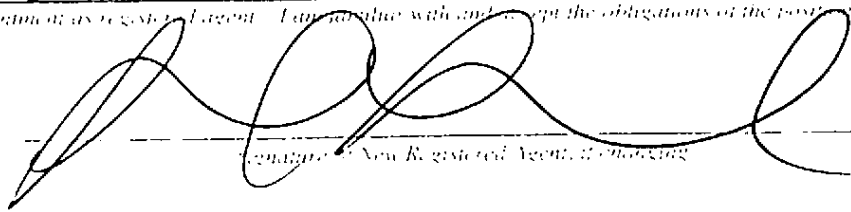
2101 NW Corporate Blvd, Suite 410

(Residential address)

New Registered Office Address Boca Raton, Florida 33431

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)

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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 title for entry is the first letter of the officer 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 PTD 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:

V Change PT John Doe

V Remove V Mike Jones

V Add SV Sally Smith

Type of Action	Title	Name	Address
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1. ☐ Change

☐ Add

☐ Remove

2. ☐ Change

☐ Add

☐ Remove

3. ☐ Change

☐ Add

☐ Remove

4. ☐ Change

☐ Add

☐ Remove

5. ☐ Change

☐ Add

☐ Remove

6. ☐ Change

☐ Add

☐ Remove

* Attach additional sheets if necessary. * Be specific *

* Attach additional sheets if necessary. * Be specific *

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with a copy of a bill, indicate A or B.

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

Effective date if applicable: IMMEDIATELY
(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 _____

Signature _____

(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)

SAMUEL LAWSON JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

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