

(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



600301064256

H. U. Tamel to rubble week,

JUL 1 1 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Marcia Murphy PA	A		
DOCUMENT NUME	BER: P17000054969			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Marcia Murphy			
		Name of Contact Person	on	
	Marcia Murphy PA			
		Firm/ Company		
	1631 SW Carillo Ave	Thus Company		
		Address		
	Port St Lucie, FL 34953	, 1441 265		
		Clark State and The Co.	л.	
		City/ State and Zip Co	ae	
warre	nanth@aol.com			
	E-mail address: (to be us	sed for future annual repor	rt notification)	
For further information	n concerning this matter, pleas	se call:		
Marcia Murphy		, 772	342-7212	
Name o	of Contact Person	at (772) 342-7212 Area Code & Daytime Telephone Nun		
.				
Enclosed is a check to	r the following amount made	payable to the Florida Dep	partment of State:	
■ \$35 Filing Fee	☐S43.75 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		Stree	t Address	
Ame	endment Section	Amendment Section		
	sion of Corporations	Division of Corporations		
	Box 6327		n Building	
Talla	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Marcia Murphy PA		
(Name of Corpora	ition as currently filed with the Florid	la Dept. of State)
P17000054969		
(Doct	unient Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corpor</i> d	ation adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:	
Marcia Marlene Murphy PA		The new
name must he distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or th	rp," "Inc," or "Co". A professional	incorporated" or the abbreviation
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		the name of the
new registered agent and/or the new registere	d office audress:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obl	igations of the position.
Sin	mature of New Registered Agent if the	maina

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	<u>PT</u>	John De	<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		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change					
Add				•	
Remove					
3) Change		_	<u></u>		
Add					
Remove					
4) Change					
Add		_	1111	•	
Remove					
 					
5) Change		_	186		70.1
Add					<u>.</u>
Remove					16,1
6) Change		_			
Add			· - 		
Remove					

If amending or adding additional A Attach additional sheets, if necessary). (Be specific)			
		11-12-0		
4	*F- 1 265.	7111.1		···
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·
				
				
				··-
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	mendment if not c	cation, or cancellat ontained in the am	tion of issued share endment itself:	<u></u>
				

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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
☑ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 7, 2	017	
DatedSignature	(N)/NL	
(By selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other couplinted fiduciary by that fiduciary)	
	Marcia Marlene Murphy	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	