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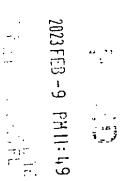
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COVER LETTER

TO: Amendment Section Division of Corporations

•				
NAME OF COR	PORATION: Lindsay Novick P	^A 		
DOCUMENT NO	JMBER:P17000060315			
The enclosed Artic	cles of Amendment and fee are su	ibmitted for filing.		
Please return all co	orrespondence concerning this ma	atter to the following:		
	r	C		
	Lindsay Friedopfer			
		Name of Contact Perso	n	
	Lindsay Friedopfer PA			
		Firm/ Company		
	2651 sw 139th terrace			
		Address		
	Davie/FL 33330			
		City/ State and Zip Cod	le	
	Therealtorlindsay@gmail.c	com		
	E-mail address: (to be u	sed for future annual report	t notification)	
For further inform	ation concerning this matter, plea	se call:		
Lindsay Friedopt	· er	,954	⁴⁸³⁻⁹⁰⁴³	
Na	me of Contact Person	at (Area Co) ode & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	partment of State:	
	-			
S35 Filing Fe	e □\$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		Address	
	Amendment Section		dment Section	
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

100000

Lindsay Novick PA			2023 EED	0. 514
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)	9 PH11: 49
P17000060315				
(Document Number of	Corporation (if kno	wn)	· · i · ·	7-1-2E.FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corpo	ration adopts the f	following amen	dment(s) 10
A. If amending name, enter the new name of the corporation:				
Lindsay Friedopfer PA			The	n 214
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			breviation "Cor	p., "
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)	2651 sw 139th t	err Davie FI 3333	30	
· • •				_
(Florida streen New Registered Office Address:	et address)	, Florida_		
	City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the o	bligations of the po	osition.	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	CEO		Lindsay Friedopfer	2651 sw 139th terrace Dave FL 33330
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)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	doption:	, if other than th
late this document was signed. 1/30 Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this becoment's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the autificient for approval.	mendment(s)
must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	**
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 1/30 Signature (By d	1. July Fullaphr irector, president or other officer - if directors or officers have	e not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	r other court
	Lindsay Friedopfer (Typed or printed name of person signing)	
	(Title of person signing)	