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ALLAHASSES FLORIDA

2019 YOUN
S. YOUN

COVER LETTER

Division of Corporations			Group	_
NAME OF CORPORATION:	lifton	Lav	Office	P.A.
DOCUMENT NUMBER:	P180001	003021		
The enclosed Articles of Amendment and	fee are submitted	I for filing.		
Please return all correspondence concernir	g this matter to the	he following:		
	Douglas	. Clif	-tv~	
Cli	ftv l	ne of Contact Pe	trè V	A .
320 Nora	L Frot	Firm/ Company Street Address	-, Ste. 7	703
Jacksun	ille Be	State and Zip (322.	24
E-mail address	1.0	,	ort notification)	
For further information concerning this ma	itter, please call:			
Douglas Clifton		a1(904	, 563	-2353
Name of Contact Person		Area	Code & Daytime	Telephone Number
Enclosed is a check for the following amor	int made payable	to the Florida D	Department of Stat	e:
S35 Filing Fee ☐\$43.75 Filing Certificate o	Status Ce (Ac	3.75 Filing Fee ortified Copy dditional copy is closed)	Certificat	e of Status Copy al Copy
Mailing Address Amendment Section			reet Address nendment Section	
Division of Corporation	;		ision of Corporat	ions

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Clifton Law G	MUVP. P.	Α.			
(Name of Corpora	ition as currently	filed with the Flori	da Dept. of State)		
P1800000	3021				
(Docu	ument Number of	Corporation (if know	m)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	ida Statutes, this F	·lorida Profit Corpoi	ration adopts the fol	lowing amendr	nent(s) to
A. If amending name, enter the new name of the o	corporation: OFFiCL	, P.A.		The no	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword" chartered," "professional association," or the	rp, " "Inc, " or "C	lo". A professional			
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u> o	(<u>OX</u>)			18 FEB -1	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		ess in Florida, enter	the name of the	P# 2: 10	
	u omce address.			لئت ⊶ور	
Name of New Registered Agent	,,,			 -	
	(Florida stres	et address)			
New Registered Office Address:			Florida		•
	(0	City)		(Zīp Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ith and accept the ob	digations of the posi	tion.	
Sig	gnature of New Re	gistered Agent, if ch	anging		

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 Do	<u>)e</u>	
X Remove	<u>Y</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				_
Add		_		
Remove				
4) Change				
Add		-		
Remove				-
Kemove				
5) Change		_		
Add				
Remove				
6) Channa				
6) Change		_		
Add				
Remove				

	dding additional Ai sheets, if necessary)). (Be specific)			
					
-			_		
	·				
		-			
					
·				.	
					
	provides for an ex-	change, reclassific	ation, or cancellatio	n of issued shares,	
f an amendment	moneum minimo de la composición de la contraction de la contractio	<u>ienument if not co</u>	ntained in the amen	ament usen:	
provisions for in	able, indicate N/A)				
provisions for in	able, indicate N/A)				
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provisions for in	able, indicate N/A)				

The date of each amendment(s) adoption:date this document was signed.	1/26/2018		, if other than the
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of		ry filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen	idment(s) was/were sufficient f	for approval	
by	ing group)	'''	
☐ The amendment(s) was/were adopted by the laction was not required.			
The amendment(s) was/were adopted by the action was not required.	incorporators without sharehol	lder action and shareholder	
Dated	NY SIN		
(By a directorpresi		tors or officers have not been receiver, trustee, or other court	_
<u></u>	Typed orprinted name of pers	2liftyn	
(_	
	(Title of personsig	minu)	
	Critic or personalis	:''''5/	