

P18000 004 165

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FILED  
CLERK OF DISTRICT COURT  
DIVISION OF REVENUE  
2020 APR 30 AM 8:07

QMA  
5/11/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 11 23 PM 8:00

April 8, 2020

ANDREW LYMAN  
4811 PASTEL CT.  
SARASOTA, FL 34240

SUBJECT: GISELLE T. BENZION, P.A.  
Ref. Number: P18000004165

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000129118- THE LYMAN GROUP, LLC.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 320A00007551

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GISELLE T. BENZION, P.A.

**DOCUMENT NUMBER:** P18000004165

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

Please return all correspondence concerning this matter to the following:

ANDREW LYMAN

Name of Contact Person

Firm/ Company

4811 PASTEL CT.

Address

SARASOTA, FL 34240

City/ State and Zip Code

ANDY@ANDYLYMAN.COM

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

For further information concerning this matter, please call:

ANDREW LYMAN

Name of Contact Person

at ( 941 ) 321-7899

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

GISELLE T. BENZION, P.A.

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

P18000004165

(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:**

LYMAN GROUP FLORIDA, 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)**

4811 PASTEL CT.

SARASOTA, FL 34240

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

4811 PASTEL CT.

SARASOTA, FL 34240

**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 ANDREW LYMAN


4811 PASTEL CT.

(Florida street address)

New Registered Office Address: SARASOTA, Florida 34240  
(City) (Zip Code)

**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

**Check if applicable**

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



**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

1. NAME CHANGE OF PA FROM "GISELLE T BENZION, P.A." TO "LYMAN GROUP FLORIDA, PA"

2. REMOVE NAME OF GISELLE T BENZION AS PRESIDENT

3. ADD GISELLE LYMAN AS PRESIDENT BECAUSE OF NAME CHANGE DUE TO MARRIAGE

4. CHANGE/KEEP ANDREW LYMAN AS SECRETARY

5. ADD ANDREW LYMAN AS DESIGNATION OF VICE PRESIDENT AND TREASURER

**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)*

N/A

MARCH 24, 2020

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated 4-27-2020

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)

GISELLE LYMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)