P18 0000004165

(Re	equestor's Name)	
. (Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUN 1 7 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LYMAN GROUP:	FLORIDA, PA —-			
	BER:				
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	ANDREW LYMAN				
		Name of Contact Person	1		
		Firm/ Company			
	4811 PASTEL CT.				
		Address			
	SARASOTA, FL 34240	0: 10: 11: 0: 1			
		City/ State and Zip Code	e		
	ANDY@ANDYLYMAN.CO				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ANDREW LYMAN		941 at (321-7899		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Am Div	iling Address endment Section ision of Corporations . Box 6327	Street Address Amendment Section Division of Corporations			
	lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(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 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
GISELLE TATIANA LYMAN, PA.		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,	if applicable:	4811 PASTEL CT.		
(Principal office address MUST BE A S		SARASOTA, FL 34240		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4811 PASTEL CT.		
		SARASOTA, FL 34240		
D. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the		
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 ell hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: r 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) (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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

N1	nal sheets, if necesso				CI INDIA	
1. Name change to GISELLE TATIANA LYMAN, PA to match Real Estate license held with DBPR and name registered						
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If an amenda	ent provides fo <u>r an</u>	nychango raelas	ification ar co	andlation of ice	tod chamae	
provisions for	r implementing the	<u>amendment</u> if no	t contained in t	he amendment	itself:	
(if not ap	plicable, indicate N/.	A)				
			· 	<u> </u>		
				 -	_	
					 -	
				 _		

	May 18, 2020	
The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.	10. 2020	
Effective date <u>if applicable</u> :	May 18, 2020	
interior date in appropriate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes c	cast for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
Dated	5-18-20-20	
Signature		
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)	
	GISELLE TATIANA LYMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	