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(Cit	ty/State/Zip/Phone	; #)
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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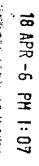


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R. WHITE APR 0 9 2018



## **COVER LETTER**

TO: Amendment Sect Division of Corpo			
NAME OF CORPOR	RATION: Grafink	el McCabe	Shipuash P.A.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	·
Please return all corres	pondence concerning this ma	tter to the following:	
	Tennille S Garfinkel 6401 A1A	Name of Contact Person  McCabe, S  Firm/ Company  Suth  Address	hipwash, PA
	St Augu tshinwa v	Sing, Flor City/State and Zip Code	Jac 32060 bus com
	E-mail address: (to be us	sed for future annual/report	notification)
Tennil	concerning this matter, please  Application	h at 954	
	. Comuco I oroon		
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment 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

 $j_{ij}$ 

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

部門 意識

18 APR -6 PM 1:07

(xufinkel	Masse D	Here in A company of the company of
(Name of Corporation	n as currently filed with the F	lorida Dept. of State)
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:	
bartinkel Meabe Sh	inwash. P.A.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A professio	or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	·
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
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

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	oe .		
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)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_		· <del>-</del> ···	
Add					
Remove					
3) Change					
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4) Change		_	·		
Add					
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5) Change					
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6) Change		_			
Add					
Remove					

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hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable: 4 2118	
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 of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4218	
Signature Il Mille Stimbo	
(By a director, president or other officer wif 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)	
appointed inductary by that inductary)	
12 nnille Shipwash	
(Typed or printed name of person signing)	
- Secretary	
(Title of person signing)	