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SECRETARY OF STATE

AUG 1 " DDD

COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Fl. 32314

Division of Corporations HY BURCH PA NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAthy Burch KATHY BULCCH PA 14250 Rayal HARBOUT et. UNIT 317 M GENS FL 33908

City/ State and Zip Code ATHY M BURCH COMCAST. NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Enclosed is a check for the following amount made payable to the Florida Department of State: XS43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$**52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	rileU
KATHY BURCH P	Filed with the Florida Dept. of State 118 406 - 1 P 12 32
P 19000058209	SECRETARY OF STATE Appropriation ((Chrown) TALLAHASSEE, FLORIBA
(Document Number of C	Torporation (if known) IALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
KATHLEEN BURCH	PA The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
•	* · · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	N/A
(Florida stree	, ,
New Registered Office Address:	Tuy) . Florida
·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	WIA
Signature of New Res	

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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	~/A	<u>Addres</u> s	
1) Change			MIA		
Add					
Remove			1.1.1		
2) Change			WIA		_
Add					
Remove			t ,		<u>.</u>
3.) Change			N/A		
Add					
Remove					
4) Change			NA		
Add					
Remove					
5) Change			NIA		
Add					
Remove			WIA		
6) Change			17		
Add					
Remove					

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_1500	CIN	0103200
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-		
 		
ı ai <u>mendment p</u> i	rovides for an exchange, reclas	sification, or cancellation of issued shares,
<u>visions for imp</u> (if not applicab	lementing the amendment if no ole, indicate N/A)	ot contained in the amendment itself:
(:,, , ,		\sim / $_{P}$
 		

The date of each amendment(s) adoption: date this document was signed.	1-16-19	, if other than the
Effective date if applicable:		
	(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 S	ot meet the applicable statutory filing requirements, t State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes cast for the amend pproval.	ment(s)
	shareholders through voting groups. The following signoup entitled to vote separately on the amendments.	
"The number of votes cast for the amend	idment(s) was/were sufficient for approval	
by	ing group)	
	board of directors without shareholder action and share	eholder
The amendment(s) was/were adopted by the in action was not required.	incorporators without shareholder action and sharehold	ler
Dated	0-19	
Dated	MBund dent or other officer - if directors or officers have not	been
	rporator - if in the hands of a receiver, trustee, or othe	
<u> </u>	ATHLEEN M. BURCH Typed or printed name of person signing)	
	(Title of person signing)	