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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORA   | ATION: BHKA & ASSOCI                        | ATES P.A.   |   |
|---|---|---|---|
| DOCUMENT NUMBE  |   |   |   |
| The enclosed Articles of  | **Amendment and fee are su                  | bmitted for filing.   |   |
| Please return all corresp   | ondence concerning this ma                  | tter to the following:  |   |
|   | 1   | DEBRA CAMPOS  |   |
| <del>-</del>  |   | Name of Contact Person  | n   |
| _   |   | Firm' Company   |   |
|   |   | 4691 NW 112TH CT  |   |
| _   |   | Address   |   |
| _   |   | DORAL FL 33178  |   |
|   |   | City/ State and Zip Cod   | e   |
|   | DEBRACA:                                    | MPO80303@GMAIL.CON  | v1  |
| -   | E-mail address: (to be us                   | sed for future annual report                                      | notification)   |
| For further information   | concerning this matter, plea                | se call:  |   |
| DEBRA CAMPOS  |   | at (  | 7905914   |
| Name of Contact Person  |   | Area Co   | de & Daytime Telephone Number   |
| Enclosed is a check for t   | he following amount made                    | payable to the Florida Depa                                       | artment of State:   |
| S35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 |   | Amend<br>Divisio<br>The C   | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

BHKA & ASSOCIATES P.A.

| (Name of Corporation as currently filed with the Florida Dept. of State)   |                               |
|--|-------------------------------|
| P 19000084491  |                               |
| (Document Number of Corporation (if known)   |                               |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:   | ing amendment(s) to           |
| A. If amending name, enter the new name of the corporation:  |                               |
| DEBRA CAMPOS, PA   | The new                       |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevial "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the contained and corporation of the abbreviation "P.A." | tion "Corp.,"<br>ain the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | <del></del>                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                               |
| 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  |                               |
|  |                               |
| (Florida street address)   |                               |
| New Registered Office Address:, Florida  |                               |
| (City) (Zijana 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   | i di di                       |
| Signature of New Registered Agent, if changing   | AM II: 48                     |
| Cheat if aunitouble  |                               |

Check if applicable

<sup>☐</sup> 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.

Example:

| X Change                      | <u>r 1</u> | Tour Doe    |                 |
|-------------------------------|------------|-------------|-----------------|
| X Remove                      | <u>v</u>   | Mike Jones  |                 |
| X Add                         | <u>sv</u>  | Sally Smith |                 |
| Type of Action<br>(Check One) | Title      | <u>Name</u> | <u>Addres</u> s |
| i) Change                     |            |             |                 |
| Add                           |            |             |                 |
| Remove                        |            | ·           |                 |
| 2) Change                     |            |             |                 |
| Add                           |            |             |                 |
| Remove 3) Change              |            |             |                 |
| Add                           |            |             | ,               |
| Remove                        |            |             |                 |
| 4) Change                     |            |             |                 |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 5) Change                     |            |             |                 |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |
| 6) Change                     |            |             |                 |
| Add                           |            |             |                 |
| Remove                        |            |             |                 |

| Attach additional sheets, if necessary)                              | ticles, enter change(s) (Be specific) | <u></u>                               |                                       |             |
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| If an amandment provider for an ar-                                  | ahansa uaslassifisatisu               |                                       |                                       |             |
|  |                                       | , or cancenation of                   | issueu siiares,                       |             |
| If an amendment provides for an ex                                   | endment if not contain                | red in the amendme                    |                                       |             |
| provisions for implementing the an                                   | endment if not contain                | red in the amendme                    | ent itsen:                            |             |
| provisions for implementing the an (if not applicable, indicate N/A) | endment if not contain                | ned in the amendmo                    | ent itseit:                           |             |
| provisions for implementing the an                                   | endment if not contain                | ned in the amendme                    | ent useu:                             |             |
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| provisions for implementing the an (if not applicable, indicate N/A) | nendment if not contain               | ed in the amendme                     | nt itseit:                            |             |
| provisions for implementing the an (if not applicable, indicate N/A) | nendment if not contain               | ned in the amendme                    | nt itself:                            |             |

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| MARCH 2, 2020  |                      |
|--|----------------------|
| The date of each amendment(s) adoption:ate this document was signed.   | , 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 meet the applicable statutory filing requirements, this date will locument's effective date on the Department of State's records.                              | l not be listed as t |
| Adoption of Amendment(s) (CHECK ONE)   |                      |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.  | l shareholder        |
| 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)   |                      |
| Dated03/02/2020_/  |                      |
| Signature A  |                      |
| (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) | <del></del>          |
| Debra CAMPOS   |                      |
| (Typed or printed name of person signing)  |                      |
| (Title of person signing)  |                      |
| (Title of person signing)  |                      |