# P19000088191

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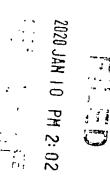


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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Obracewell, INC.
DOCUMENT NUMBER: P19000088791 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cameron Bracewell Name of Contact Person 1840 Lakedge Dr.

Middle burg, FL 32068

City/ State and Zip Code atbracewell @ att. net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\_\_\_\_\_)
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Cbracewell, Inc.			
(Name of Corporation as currently f	iled with the Florida Dept. of State)		
P 190000 88	791		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the fol	lowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
Cameron W. Bracel	well P.A.	The ne	'W'
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	npany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp. contain the wo	" rd
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	2020 JAN 10 PM 2: 02	T
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent NAM			
(Florida street	t address)	<del></del>	
New Registered Office Address:	Florida		_
(C	ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit  Signature of New Reg		ition.	
Signature of New Reg	istered Agent, if changing	<del></del>	

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	ĺΛ	
X Add	<u>SV</u>	Sally Smith	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	·			
Add				
Remove	`			
2) Change		_ \		
Add				
Remove Change				
Add				
Remove				
4) Change				
Add			M/A	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attac	h additional she	ng additional Arti ets, if necessary).	(Be specific)				
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If an	amendment nr	ovides for an exch	ange reclassi	fication or cane	ellation of issued	chares.	
		ementing the ame					
	(у погаррисат	e, maicale N/A)					
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The date of each amendment(s) ad	ption:, if other the
date this document was signed.	Col 1
Effective date if applicable:	Tan 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) is/are being fil	ed pursuant to s. 607.0120 (11) (e), F.S.
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
Dated	7 Jan 2020
Signature	CAAAA
(By a di	ector, president or other officer- if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
арропи	d fiduciary by that fiduciary)
	Cameron W. Bracewell
-	(Typed or printed name of person signing)
	President
-	Fitle of person signing)

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