## P20000000441

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ( wastes)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Coodinate Carrot)                      |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



02/03/20--01012--015 \*\*35.00





## **COVER LETTER**

|                                     |   | COVER LETTER   |   | 20                 |
|-------------------------------------|---|--|---|--------------------|
| TO: Amendment Se<br>Division of Cor |   |  |   | 20 FLB -3 PM 3: 19 |
| NAME OF CORPO                       | ORATION: Brittnie Rowan Rea   | alty. Inc.   |   | P                  |
| DOCUMENT NUM                        | 020000000111  |  |   | 19                 |
| The enclosed Article                | es of Amendment and fee are su  | bmitted for filing.  |   |                    |
| Please return all corr              | respondence concerning this ma  | tter to the following:   |   |                    |
|                                     | Brittnie Rowan  |  |   |                    |
|                                     |   | Name of Contact Persor   |   |                    |
|                                     | Brittnie Rowan, P.A.  |  |   |                    |
|                                     |   | Firm/ Company  |   |                    |
|                                     | 607 SW 3rd Avenue   |  |   |                    |
|                                     | 10  | Address  | 14  |                    |
|                                     | Pompano Beach, FL 33060   |  |   |                    |
|                                     | -   | City/ State and Zip Code   | <b>e</b>  |                    |
|                                     | shawn.m.mcaskill@gmail.co   | m  |   |                    |
|                                     | •   | sed for future annual report                                     | notification)   |                    |
| For further informat                | ion concerning this matter, pleas   | se call:   |   |                    |
| Elissa R. Kurland, C                | DP.A.   | at ( <sup>954</sup>  | 862-3620  |                    |
| Nam                                 | e of Contact Person   |  | de & Daytime Telephone Number   | <del></del>        |
| Enclosed is a check                 | for the following amount made   | payable to the Florida Depa                                      | artment of State:   |                    |
| ■ \$35 Filing Fee                   | □\$43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |                    |
| Ai<br>Di<br>P.                      | mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | Amend<br>Divisio<br>The Co                                       | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |                    |

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

Brittnie Rowan Realty, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

| P20000000441  |  | ېپ                                    |
|---|--|---------------------------------------|
| (Document N   | Number of Corporation (if kno                | own)                                  |
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:   | utes, this <i>Florida Profit Corpo</i>       | oration adopts the following amendmen |
| A. If amending name, enter the new name of the corporate  | ation:                                       |                                       |
| Brittnie Rowan, P.A.  |  | The new                               |
| name must be distinguishable and contain the word "corpore "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation | "Co". A professional corpe                   | porated" or the abbreviation "Corp.," |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | <u>S</u> )                                   |                                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |                                       |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent                                  | ffice address in Florida, ente<br>e address: | r the name of the                     |
|   | Florida street address)                      |                                       |
|   | torida sireet daaressy                       |                                       |
| New Registered Office Address:  | (City)                                       | , Florida(Zip Code)                   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am  |  | obligations of the position.          |
| Signature   | of New Registered Agent, if ci               | hanging                               |
| Check if applicable   | 320 (11) (a) E E                             |                                       |

- ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.
- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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:<br>X Change       | <u>PT</u> Joh       | n Doe       |              |         |                                       |
|----------------------------|---------------------|-------------|--------------|---------|---------------------------------------|
| X Remove                   | <u>V</u> <u>Mil</u> | ke Jones    |              |         |                                       |
| _ <u>X</u> Add             |                     | ly Smith    |              |         |                                       |
| Type of Action (Check One) | Title               | <u>Name</u> |              | Address |                                       |
| 1) Change                  | <del></del>         |             | ·····        |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove                     |                     |             |              |         |                                       |
| 2) Change                  |                     |             |              |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove 3) Change           |                     |             | <del> </del> |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove                     |                     |             |              |         | · · · · · · · · · · · · · · · · · · · |
| 4) Change                  | - <u>-</u>          |             |              |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove                     |                     |             |              |         |                                       |
| 5) Change                  |                     |             |              |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove                     |                     |             |              |         |                                       |
| 6) Change                  |                     |             |              |         |                                       |
| Add                        |                     |             |              |         |                                       |
| Remove                     |                     |             |              |         |                                       |

|                   | eets, if necessary).                       |                     |                     |                  |     |
|-------------------|--|---------------------|---------------------|------------------|-----|
|                   | Realt                                      | _4                  |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   | <del></del>                                |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     | <del></del>      |     |
|                   |  |                     |                     | <u> </u>         |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     | .,               |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     | <u></u>          |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  | -                   |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   |  |                     |                     |                  | **- |
|                   |  |                     |                     |                  |     |
|                   |  | <del>-</del> ·      |                     |                  |     |
|                   |  |                     |                     |                  |     |
|                   | Salara Cara area area h                    |                     | on or annallation a | of icewad charge |     |
| in amendment p    | provides for an exch<br>plementing the ame | ndment if not conta | ined in the amendr  | nent itself:     |     |
| GV131GH3 TOT THIS | ble, indicate N/A)                         |                     |                     | <del></del>      |     |
| (if not applicate |  |                     |                     |                  |     |
| (if not applicat  |  |                     |                     |                  |     |
| (if not applica   | <del></del>                                |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |
| (if not applica   |  |                     |                     |                  |     |

,

| The date of each amendment date this document was signed | (s) adoption: if other than  |
|--|--|
| Effective date if applicable:                            | January 1, 2020  |
| Enective date <u>it applicable</u> .                     | (no more than 90 days after amendment file date)   |
|  | his block does not meet the applicable statutory filing requirements, this date will not be listed as ne Department of State's records.  |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |
| ■ The amendment(s) was/wer by the shareholders was/we    | e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.  |
|  | e approved by the shareholders through voting groups. The following statement d 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)   |
|  | (voting group)   |
| Janua<br>Dated   | rry 16, 2020   |
| Signature  |  |
| se   | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | Brittnie Rowan   |
|  | (Typed or printed name of person signing)  |
|  | President  |

(Title of person signing)