

P20 000061614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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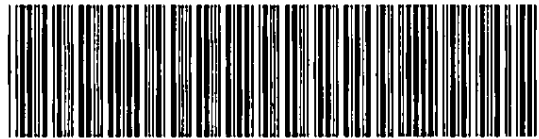
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Joshua A. Benson, P.A.

DOCUMENT NUMBER: P20000061614

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony J. Salzman  
Name of Contact Person  
Moody, Salzman, Lash & Locigno  
Firm/ Company  
2770 N.W. 43rd Street, Suite A  
Address  
Gainesville, Florida 32606  
City/ State and Zip Code  
tony@moodysalzman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Pollack at ( 352 ) 373-6791  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



Moody • Salzman  
Lash • Locigno

*Attorneys & Counselors at Law*

Est 1972

Personal Injury • Workers Compensation • Real Estate  
Auto Accidents • Business Law • Construction Law

August 27, 2020

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Joshua R. Benson, P.A.

Dear Sir/Madam:

Enclosed please find Articles of Amendment along with our check in the amount of \$35.00 for the filing fee to change the corporation's name from Joshua A. Benson, P.A. to Joshua R. Benson, P.A.

Very truly yours,

*(Dictated but not read or  
signed to avoid delay)*

Anthony J. Salzman

AJS/vp

Enclosures

Shareholders

C GARY MOODY

Board Certified in Civil Trial Law  
1994 - 2014

ANTHONY J. SALZMAN

Board Certified in Workers Compensation  
Supreme Court Certified Circuit Civil Mediator  
Certified Circuit Civil Arbitrator

ROBERT A. LASH

Supreme Court Certified Circuit Civil Mediator  
Certified Circuit Civil Arbitrator  
Also: Certified General Contractor

DOMINIC C. LOCIGNO

Life Member, Million Dollar Advocates Forum  
Life Member, Multi-Million Dollar Advocates Forum  
Member, National Trial Lawyers: Top 100

Associate

LESLIE C. BARSZCZAK

Articles of Amendment  
to  
Articles of Incorporation  
of

Joshua A. Benson, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000061614

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Joshua R. Benson, P.A.

The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"  
"Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word  
"chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**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) (Zip Code)

**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.

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

## Vicki Pollack

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**From:** AmendmentsCorpHelp <AmendmentsCorpHelp@Dos.myflorida.com>  
**Sent:** Thursday, August 20, 2020 2:03 PM  
**To:** Vicki Pollack  
**Subject:** RE: Joshua A. Benson, PA

Good afternoon,

In order to amend the entity, you will need to go online to [www.sunbiz.org](http://www.sunbiz.org) under "Forms and Fees" and select "Corporations". Under "Florida Corporation Forms" you will select "Profit Articles of Amendment". You will only fill out the sections of which are being amended, however the entire packet must be submitted for completeness.

This form will need to be mailed in with a check or money order for \$35.00, made payable to Department of State.

Filings are taking 5 – 7 weeks for processing time, from the date the check or money order is cashed.

Thanks,  
*Terri Schroeder*  
Regulatory Specialist III  
Amendments Section  
Division of Corporations  
Florida Department of State  
850 245-6049  
850 245-6897 (Fax)  
[www.sunbiz.org](http://www.sunbiz.org)

Click [here](#) for current processing dates.

**From:** Vicki Pollack <vicki@moodysalzman.com>  
**Sent:** Thursday, August 20, 2020 10:18 AM  
**To:** AmendmentsCorpHelp <AmendmentsCorpHelp@Dos.myflorida.com>  
**Cc:** John Henry Smith, CPA <cpajhs@joco.cfcxmail.com>  
**Subject:** Joshua A. Benson, PA

EMAIL RECEIVED FROM EXTERNAL SOURCE

Document number P20000061614

When this new corporation was filed with an effective date of August 1, 2020, it was erroneously opened as "Joshua A. Benson, P.A.". I need to amend it to be "Joshua R. Benson, P.A.", but I can't find the proper link on the Sun Biz website. Please advise, or call me at 352-373-6791. I left a voice message on Tuesday, but never got a call back. Thank you for your assistance.

Vicki Pollack  
Legal Assistant to

Anthony J. Salzman  
Moody, Salzman, Lash & Locigno  
2770 N.W. 43<sup>rd</sup> Street, Suite A  
Gainesville, Florida 32606  
352-373-6791  
352-377-2861 (fax)  
[vicki@moodysalzman.com](mailto:vicki@moodysalzman.com)



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 8/1/20  
(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 not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 8/24/20

Signature \_\_\_\_\_  
(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)

Anthony J. Salzman Attorney-in-Fact

\_\_\_\_\_  
(Typed or printed name of person signing)

Attorney  
(Title of person signing)