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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Jim M McCabe PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James McCabe Name of Contact Person Firm/ Company 1384 Burgundy Drive Address Fort Myers, FL 33919 City/ State and Zip Code JMcCabe239@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 218.8074

Area Code & Daytime Telephone Number Lauren McCabe 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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Jim M McCabe PA	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000077658	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
James M McCabe PA	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	183
	المعادة وتراث
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA E D
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	
(Florida s	treet address)
n tortal s	vect universy
New Registered Office Address:	, Florida
	(city)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing
Check if applicable	

 \Box 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.

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>	Nan	<u>me</u>		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
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Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
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(Attach adai	g or adding addition itional sheets, if neces	ssary). (Be specific)	goj nei C.		
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. If an amend	dment provides for :	an exchange, reclassifica he amendment if not con	tion, or cancellation o	f issued shares,	
	applicable, indicate		tamed in the amenon	icit itseir.	
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The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame flicient for approval,	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
April 14 Dated	2021	
Signature	and of any	
(By a/di	rector, president or other officer - if directors or officers have r	iot been
sejected appoint	l, by an incorporator – if in the hands of a receiver, trustee, or o ed fiduciary by that fiduciary)	ther court
	James M McCabe	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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