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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ELLEN J. LILLIA	N, INC.	
	1BER: P21000002907		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	DAVID B. LANTER		
		Name of Contact Perso	n
	LANTER & LEONARDO, L	LC	
		Firm/ Company	
	1900 NW CORPORATE BL	VD. 110-W	
		Address	
	BOCA RATON, FL 33431		
		City/ State and Zip Cod	le
	DLANTER@LLDCPA.COM	1	
	E-mail address: (to be us	sed for future annual report	t notification)
For further informati	on concerning this matter, plea	se call: at (998-7770
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:
\$35 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)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

ELLEN J. LILLIAN, INC.	
	ON

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
(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 fo	ollowing amendment(s
A. If amending name, enter the new name of the corporation:		
ELLEN J. LILLIAN, PA		T.
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.	A professional corneration name must	The new reviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	2925 SW LAUREN WAY	
(Principal office address MUST BE A STREET ADDRESS)	PALM CITY, FL 34990	
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		D 2
(Maning dauless MAT BE AT OST OFFICE BOX)		: <u> </u>
		<u> </u>
D. If amending the registered agent and/on accidents		ယ်
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent	_	
Hame of their registered agent		
Harida e	(reet address)	
	Tell daw essy	
New Registered Office Address:	, Florida,	(Zip Code)
	1-107	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the pos	ition.
Signature of New I	Registered Agent, if changing	

Check if applicable

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	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			6) 97 - III
Add			
Remove			
2) Change			- 194-94
Add			
Remove 3) Change	75.35		
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ADTIC	og or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
	Name change shall be Ellen J. Lillian, PA
Article	rpose shall be all aspects of a real estate office.
F. <u>If ar</u>	dment provides for an exchange, reclassification, or cancellation of issued shares,
pro	s for implementing the amendment if not contained in the amendment itself:
	applicable, indicate N/A)
_	
-	<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amosufficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/20.203 Dated		
Signature	26514	
selec	director, president or other officer – if directors or officers have a ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	DAVID B. LANTER	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	