# P21000027890

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05/21/21--01021--018 \*\*43.75

FILED 2021 MAY 21 AN 9:55 ECRE IARY OF STALE Amend. 07/27/21 Dc

#### COVER LETTER

TO: Amendment Section Division of Corporations

## NAME OF CORPORATION: Halliwell Engineering, P.A.

## DOCUMENT NUMBER: P21000027890

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

Please return all correspondence concerning this matter to the following:

Phoenix Collins
Name of Contact Person
LicenseSure LLC
Firm/ Company
801 Second Avenue, 15th Floor
Address
New York, NY 10017

City/ State and Zip Code

pharris@licensesure.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Phoenix Collins
 at (\_\_\_\_\_\_844\_\_\_)
 554-2367

 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:

□ \$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)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> 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

Halliwell Engineering, P.A.

·•	(Name of Corpo	ration as currently	filed with the Florid	a Dept. of State)	
		P2100002	7890		
· ····	(Do	ocument Number of	Corporation (if know	a)	
Pursuant to the provisions of s its Articles of Incorporation:	ection 607.1006, Flo	orida Statutes, this F	lorida Profit Corpora	<i>tion</i> adopts the follo	wing amendment(s) to
A. If amending name, enter	the new name of th	<u>ie corporation:</u>			
			·		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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	FLORETANS ECCENTING OF ST
D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address: <u>Name of New Registered Agent</u>	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:	, Florida
(Ca <u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with	

Signature of New Registered Agent, if changing

Check if applicable

.

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The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(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 = ChiefExecutive 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 Y 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</u>	Doc	
X Remove	<u>V Mike</u>	Jones	
<u>X</u> Add	<u>SV Sally</u>	<u>Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	ST	Maria Cruz	495 Centre Island Drive
Add			Golden Beach, FL 33160
X Remove			
2) Change	D	Roberto Beauchamp	20801 Biscayne Blvd
Add			Aventura, FL 33180
<u>X</u> Remove 3)Change	D	Donald Leffert	20801 Biscayne Blvd
5 ) Odd			Aventura, FL 33180
<u>X</u> Remove			495 Centre Island Drive
4) X Change		John Halliwell	Golden Beach, FL 33160
Add			
Remove	VPD	Steven Lemmo	79 Ponte Lane
5) <u>X</u> Change Add	<u> </u>		North Kingstown, RI 02852
Remove			
ο) Change			··
Add			
Remove			

E Hamanding or addin	a additional Artic	cles, enter change(s) here:	
(Attach additional shee	ts, if necessary).	(Be specific)	

• 1

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, movisions for implementing the amendment if not contained in the amendment itself:     (if not applicable, indicate N/A)		
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The date of each amendment(s) adoption	3/23/2021	, if other than the
date this document was signed.		
Effective date if applicable:		
Later of the later	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements at of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareho	older action and shareholder
S The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the ame for approval.	endment(s)
The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The followin ting group entitled to vote separately on the amendmen	ig statement h(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
by	(voting group)	
Dated 5/18/2021		
	L. Oltradamil	
selected, by an	president or other officer – if directors or officers have a incorporator – if in the hands of a receiver, trustee, or o ciary by that fiduciary)	not been other court
John I	falliwell	
	(Typed or printed name of person signing)	
Presio	lent	
	(Title of person signing)	