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Special Instructions to	Filing Officer.	

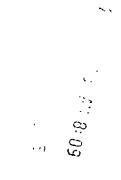
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S. CHATHAM
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CAVIC FINK PA DOCUMENT NUMBER: P220000 6 480	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person CAVILE TENK PA Firm/ Company 1537 SUMMER SANDS DRIVE Address Nepture Bach Ft 32264 City/ State and Zip Code C. Fife 800 g Mail. (OM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (404) 386-53 Area Code & Daytime Telephon	 _
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	;
Mailing Address Amendment Section Amendment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

Articles of Incorporation

of

CAND	of	TN12	MA)		
(Name of Corporation a	Tr t		da Dont of State		
(Name of Corporation a	as currently in	(1.CA)	ua izept. Ot State	J	
(Document	00000	poration (if know			_
,		•			
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	atutes, this <i>Flo</i> i	rida Profit Corpor	ation adopts the	following amendr	nent(s) to
A. If amending name, enter the new name of the corpo	oration:				
Carrie Fife, P.A.				The ne	ew
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	"Inc." or "Co"	'. A professional			
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>-</u> 	.,			-
	-		 · .		-
	_		<u>.</u>		_
C. Enter new mailing address, if applicable:				(.:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-			<u> </u>	- •
	_			 	· •
	_				_
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		in Florida, enter	the name of the		
Name of New Registered Agent	_	<u></u>		.	
	(Florida street o	iddress)	<u> </u>		
New Registered Office Address:			, Florida_		
- Control of the cont	(Cit	v)	,	(Zip Code)	-
N. B. C. La et C. La et a Basia					
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		and accept the ob	ligations of the p	osition.	
C:	ra of Man Dank	stered Agent, if che	anaina		
Signatur	ie oj iven nego	петви мувт, п ст	mgmg		

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: X Change	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) V Change	PTSD	Carrie Fife	1537 Summer Sands DI Newture Beach
Add			Nepture Beach
Remove			M, stuer
2) Change			
Add			
Remove			
3) Change			
Add			. 9
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	-
<u></u>	
	
	-
	g: 09
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	() (C)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	"

The date of each amendment(s) adoption:	_, if other than the
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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	n-7
by"	. 1
by" (voting group)	• •
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
	77
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	g: 09
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)	
(Typed or printed name of person signing)	
	الردا
Fresident, Treaturer, Secretary & Direc	701-