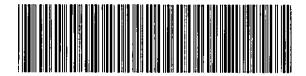
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: THE COHEN FIR	M, P.A.				
	1BER: P2300047958					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	itter to the following:				
	JULIE G COHEN					
	Name of Contact Person					
	STROCK & COHEN ZIPPER LAW GROUP PA					
		Firm/ Company				
	2900 GLADES CIR STE 750)				
	Address					
	WESTON, FL 33327					
	·	City/ State and Zip Code	2			
	JCOHEN@STROCKLAW.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:		. ~3		
JULIE G COHEN		954 at (de & Daytime Telephone Number	773 SEP		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	— <u> </u>		
Enclosed is a check	for the following amount made					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	12 13 13 13 13 13 13 13 13 13 13 13 13 13		
Mailing Address		Street	Address			

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

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

THE COHEN FIRM, P.A.

(Name of Company tion on any section of the section	I. Cl. Juriah ak - Florida Dona - Co. A.)
P2300047958	ly filed with the Florida Dept. of State)
 .	of Corporation (if known)
(Document Number of	or Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	C/O Baron Herskowitz & Cohen
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	9100 S. Dadeland Blvd, Suite 1704
	Miami, Florida 33156
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 add new registered agent and/or the new registered office address: Name of New Registered Agent	
(Florida v	reet address)
(Fioriaa Sii	eet daaress)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Registered Signature	
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)

Example:

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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Stuart F Cohen	2900 Glades Cir Ste 750
Add			Weston, FL 33327
Remove			
2) Change	VP	Stuart F Cohen	2900 Glades Cir Ste 750
X Add			Weston, FL 33327
Remove 3) Change	****		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
-		
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
·		
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	·
rayisians for implementing the amen	idment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	The state of the s	
		
		<u>_</u>
		
		·
		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 09/06/2023	
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 with document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
■ 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)	
09/06/2023	
DatedSignature	
(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)	- 100 States
JULIE G COHEN	
(Typed or printed name of person signing)	
SECRETARY	PH 2
(Title of person signing)	