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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Kevin R. Murphy, I	P.A.	
DOCUMENT NUN	IBER: P24000063240		
	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Kevin Murphy		
		Name of Contact Persor	1
		Firm/ Company	
	7270 N Kendall Dr Apt 203		
		Address	
	Miami, FL 33156		
		City/ State and Zip Code	2
	KRMURPHY8989@gmail.co	om	
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
Kevin Murphy		at (<u>84</u> 7	849-9775)
Name of Contact Person Area Code & Daytime Tele			de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address 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

(Name of Corporation as current)	tly filed with the Florida Dept. of State)
Kevin R. Murphy, P.A.	
(Document Number of	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)
A. If amending name, enter the new name of the corporation:	
Kevin Robert Murphy, P.A.	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s	
Signature of New R	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.

Example: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change			 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change			 	
Add				
Remove				
4) Change			 	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	nding or adding ac additional sheets, t	if necessary). (i	Be specific)			
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				<u></u>		<u> </u>
F. <u>If an a</u>	mendment provid sions for impleme	les for an exchan	ge, reclassific:	<u>ition, or cancel</u>	ation of issued	shares,
<u> </u>	f not applicable, in	dicate N/A)	ment ii noi co	aramed in the a	menginene itset	<u></u>
	N.A.					
				<u>.</u>		
				<u> </u>		

The date of each amendme date this document was signed	ent(s) adoption:ed.	, if other than the
Effective date <u>if applicable</u>	;	
	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this is the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/w action was not required.	were adopted by the incorporators, or board of directors without shareholder a	action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment were sufficient for approval.	ent(s)
	vere approved by the shareholders through voting groups. The following statided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	28/2024 Kovin Mwrshul	
Signature	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en court
	Kevin Murphy	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	