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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lashbrook, Wollan	rd & Fasano, P.A.		_	
DOCUMENT NUM	DOCOMONA LOOK			-	
The enclosed Articles	v of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Dru D. Lashbrook				
		Name of Contact Person	1		
	Lashbrook, Wollard & Fasan	ю, Р.А.			
		Firm/ Company	<u>.</u>		
	3201 Griffin Rd Suite 400				
		Address	··		
	Ft. Lauderdale, FL 33312				
		City/ State and Zip Cod	 -		
	DRU@LBROOK.COM	•			
	E-mail address: (to be us	sed for future annual report	notification)	-	
		•			
For further information	on concerning this matter, plea	se call:		,	20
Dru D. Lashbrook		954	581 6113 mm 135	•	02 A UN 1202
	7.14	at (581-8112 ext. 135) (0)
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	imber :	20
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		PH 2: 24
Am Div P.C	illing Address mendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303	0	

Articles of Amendment to Articles of Incorporation of

Lashbrook, Fasano & Patterson, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)		
P92000004996			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing	g amendi	ment(s) t
A. If amending name, enter the new name of the corporation:			
Dru Lashbrook & Associates, P.A.		The n	ene.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abl "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviatio	- n ''Согр.	
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)			-
			_
	- :). 	A O 11 1/102	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	·: -::	0	
new registered agent and/or the new registered office address:		120	٠
Name of New Registered Agent	•		·
		21 61	•
(Florida street address)	·:	1/2	
New Registered Office Address:, Florida	(Zip C	# (L)	_
Ciņ7	(Zip C	oae)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	:.		
werens wereign incomposition as registered agent. I am jaminar with and determ the configurous of the po-	suuon.		
Signature of New 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)

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>b.l.</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Dave Fasano	
Add			
X Remove			
2) Change	D	Corey Patterson	
Add			
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	neets, if necessary).	(Be specific)			
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ovisions for imn	rovides for an excha lementing the amen	inge, reciassification	n, or cancenation of ned in the amendm	ont itself:	
(if not applicah	ole, indicate N/A)	direction in the contact	ned to the amendin	en itaen.	
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•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	sment .
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
	:	
Dated	1-13-24	
6'		
selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other clinted fiduciary by that fiduciary)	en Ourt
	Dru D. Lashbrook	
	(Typed or printed name of person signing)	
	Director & Registered Agent	
	(Title of person signing)	