P92000008103

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: Tamara L BER: P92000008		P.A.			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Tamara Lynne	Nicola				
		Name of Contact Perso	'n			
	Nicola Family I	_aw				
		Firm/ Company				
	681 Goodlette	Road N., #21	0			
		Address				
	Naples, FL 34	102		1		
		City/ State and Zip Cod	le	2# C/4	÷.	
Jni	cola23@aol.co	m		1.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u></u>		sed for future annual report	t notification)		.	- Kon
					70	مد. 1
For further information	n concerning this matter, pleas	se call:			P. 4:01	1
Tamara Ly	nne Nicola	at (239	, 261-6909	: <u>:</u>	07	
Name	of Contact Person	•	ode & Daytime Telephone N	lumber	_	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:			
□ \$35 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)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address dment Section on of Corporations on Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Tamara Lynne Nicola, P.A.	•
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P92000008103	
(Document Number of Corporation (if I	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Nicola Family Law, P.A.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	681 Goodlette Road N.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 210
	Naples, FL 34102
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Tamara Lynne Nic	ola
681 Goodlette Roa	nd N., #210
(Florida stree	•
New Registered Office Address: Naples	, Florida 34102
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent, if changing

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 <math>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>	John Doe		
X Remove	<u>v</u>	Mike Jones		تغنید این ر
X Add	<u>sv</u>	Sally Smith		14 TO T
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	Actuals Actuals
1) Change				
Add				
Remove			 	55 7
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	·		- · · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			 	
Add				
Remove				

ttach additional sheets, if necessary). (Be specific)	
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	(A)
f an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendme	issued shares,
(if not applicable, indicate N/A)	in usen.
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The date of each amendment(s) adoption: November 10, 2014 date this document was signed.	, if other than th
Effective date if applicable: November 10, 2014	
(no more than 90 days after amendment file date)	
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 by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder, action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ORTONO TO THE STATE OF THE STAT
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) President (Title of person signing)	-