P94000074078

(Re	questor's Name)			
(Ad	dress)			
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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPORATION: LEGON FODIMAN	, P.A.					
DOCUMENT NUMBER: 94000074078						
The enclosed Articles of Amendment and fee are sub-	mitted for filing.					
Please return all correspondence concerning this matter	er to the following.					
BETH W. LAURENCE						
	Name of Contact Person					
LEGON FODIMAN, P.A.						
	Firm/ Company					
3225 AVIATION AVE., STE	3225 AVIATION AVE., STE 301					
Address						
MIAMI, FL 33133-4741						
	City/ State and Zip Code					
BLAURENCE@LPFLAW.C	ОМ					
E-mail address: (to be us	ed for future annual report i	notification)				
For further information concerning this matter, pleas	e call:					
BETH LAURENCE	at (305	444-9991				
Name of Contact Person	Area Coo	le & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	S43.75 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, FL 32314	Ameno Divisio The C 2415 l	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of

LEGON FODIMAN, P.A.

(Name of Corporation as cu	urrently filed with the Flori	da Dept. of State)	
4000074078			
(Document Nu	umber of Corporation (if know	vn)	
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	es, this <i>Florida Profit Corpo</i>	ration adopts the fol	lowing amendmen
. If amending name, enter the new name of the corporat	tion:		
EGON FODIMAN & SUDDUTH, P.A.			The new
ume must be distinguishable and contain the word "corporati Inc.," or Co.," or the designation "Corp," "Inc," or "Cochartered," "professional association," or the abbreviation	Co". A professional corpor		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			9
			
. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		the name of the	
Name of New Registered Agent			
(Fle	orida street address)		
(1.70			
New Registered Office Address:	(City)	, Florida	(Zip Code)

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	VP/D		JEFFREY A. SUDDUTH	3225 AVIATION AVE	
X Add		-		SUITE 301	
				MIAMI, FL 33133-4741	
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add		_	<u> </u>		
Remove					

Attach addition	adding additional Artial sheets, if necessary).	(Be specific)			
					
			-		
_					
 -					
			 _		
If an amendm	ent provides for an exc r implementing the amo	hange, reclassific	cation, or cancell	ation of issued sh mendment itself:	ares,
(if not ap	plicable, indicate N/A)	endinent ii not ec	mana m the w		
.,					
			-		

The date of each amendment(s) :	doption:	, if other than
date this document was signed. 08.	07/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	ıte)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the aufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
08/07/202 Dated Signature	lided for	
(By a constant)	frector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, cotted fiduciary by that fiduciary)	
	TODD A. FODIMAN	
	(Typed or printed name of person signing)	
	VICE PRESIDENT / DIRECTOR / SECRETARY	
	(Title of person signing)	

the

the