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TO: Amendment Sec Division of Corp				MIN SEP 2. ARIV. S.
NAME OF CORPO	PRATION: McGuinness & Go	ņzalez, P.A.		
DOCUMENT NUM	1805000001862-1			**
	s of Amendment and fee are su	ibmitted for filing.		
	espondence concerning this ma			•
Trease return an exity	capanidence evaluerante una mo	tter to the tomorale.		
	Lawrence J. McGuinness			
	McGuinness & Gonzalez, P.z	١.		_
		Firm/ Company		•
3126 Center Street				
		Address		•
	Coconut Grove, FL 33133			
		City/ State and Zip Cod	e	•
offic	e@ljmpalaw.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Lawrence J. McGuinness		at (305	448-9557	
Name	of Contact Person	Area Co	de & Daytime Telephone Numbe	 r
Enclosed is a check t	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)	
Mailing Address Amendment Section			Address Iment Section	

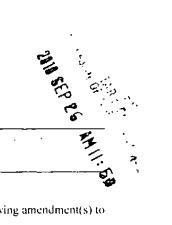
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



McGuinness & Gonzalez, P.A.

(Name of Corpora	tion as currently fi	filed with the Florida Dept. of State)
P95000018624		3
(Docu	ument Number of Co	Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ida Statutes, this <i>Flo</i>	Iorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
MG Legal Group, P.A.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp." "Inc." or "Co	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
D. Date and the state of the st	.1	N/A
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AD</u>		
	,	
C. Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE B	<u>(OX</u>)	
	-	
D. If amending the registered agent and/or regist-	tared office address	s in Floridy, enter the name of the
new registered agent and/or the new registered		M. Wrong care the name of the
Name of New Registered Agent N/A		
	(Florida street	1 address)
N/A		e e e
New Registered Office Address:	(Ci	, Florida
	{Ci	Σiγ) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		th and accept the obligations of the position
-		
Sig	gnature of New Regi	gistered Agent, 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 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 Jor	nes	
X Add	<u>SV</u>	Sally Sm	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change	*****	_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
				
6) Change		_		160
Add				
Remove				

E. If amending or an (Attach additional	dding additional Artic sheets, if necessary).	cles, enter chango (Be specific)	e <u>(s) here</u> ;			
N/A						
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		<u>.</u>		<u>-</u>		
F. If an amendment	provides for an exch	ange, reclassifica	tion, or cancella	tion of issued sh	ares,	
<u>provisions for in</u> (if not applic	nplementing the amer able, indicate N/A)	<u>jament ji not con</u>	tained in the am	<u>ienament useu:</u>		
N/A						
					-	
						
·					<u></u>	<u> </u>
<u> </u>						<u>.</u>

•	9/17/18	
The date of each amendment(s) a date this document was signed.	leption:	if other than the
9/17	/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(dlicient for approval.	s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
9/17/18 Dated		
Signature		
selecte	irector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	Lawrence J. McGuinness	
	(Typed or printed name of person signing)	<u></u> .
	President	
	(Title of person signing)	