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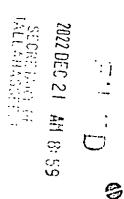
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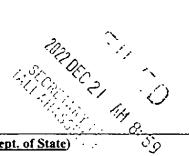
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## <u>COVER LETTER</u>

TO: Amendment : Division of C				ad,
NAME OF COR	PORATION: Moletteire Injury L	.aw, P.A.		
	JMBER: P95000040946			
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	Robert Moletteire			
		Name of Contact Persor	1	-
	Moletteire Injury Law			
	<u> </u>	Firm/ Company		-
	1301 W Eau Gallie Blvd. Ste	. ,		
		Address		•
	Melbourne, FL 32935			_
		City/ State and Zip Code	e	
	bob@personaljusticeattorney	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further inform	ation concerning this matter, plea	se call:		
Robert Moletteire		at ( <sup>321</sup>	de & Daytime Telephone Numbe	
Na	me of Contact Person	Area Co	de & Daytime Telephone Numbe	r
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	e ☐\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

## Articles of Amendment to Articles of Incorporation of



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Moletteire Injury Law, P.A.

(Name o	of Corporation as curren	itly filed with the Florida L	Dept. of State)		
P95000040946					
· · -	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporatio	n adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:				
Moletteire Mediation, Inc.			The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp." "Inc." or "Co".	A professional corporatio	ed" or the abbreviation "Corp.,"		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2176 Tanager Ct	2176 Tanager Ct		
		Indialantic, FL 32903	Indialantic, FL 32903		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2176 Tanager Ct			
		Indialantic, FL 32903			
D. If amending the registered agent an			name of the		
new registered agent and/or the new registered office address  Name of New Registered Agent  Same		<u>.53.</u>			
	2176 Tanager Ct				
	(Florida	street address)			
New Registered Office Address:	Indialantic		, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the obliga	tions of the position.		
	Signature of New	Registered Agent, if changi	ng		

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.

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		<u>Addres</u> s	
1) Change						
Add						
Remove						
2) Change		_				
Add						
Remove Change		<u> </u>				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change	_	_				
Add						
Remove						
6) Change		_		<del></del>		
Add						
Remove						

. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
/A		
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	7/	<u>,                                      </u>
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·		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
/A		
	<del></del>	
	11.410.	
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. . .

	12/16/2022	
The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	01/01/2023	
Enective date in applicable.	(no more than 90 days after amendment file dat	e)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without share	holder action and shareholder
	ere adopted by the shareholders. The number of votes cast for the avere sufficient for approval.	mendment(s)
	ere approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendment	•
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
DatedSignature_	By a director, president or other officer – if directors or officers have	a not bean
s	elected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Robert M Moletteire	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	