## P95000053654

(Re	questor's Name)	
(Ad	dress)	
(7.00	41033,	
— (Ad	dress)	
(Cit	y/State/Zip/Phon	ie #)
(	,,	•
PICK-UP	☐ WAIT	MAIL
	siness Entity Na	me)
DU)	Siness Entity Na	mej
(Do	cument Number	)
Certified Copies	Cortificate	e of Status
Cettilled Copies	_ Certificate	5 01 318103
Special Instructions to	Filing Officer:	
Special modulations is	9	
	- · · · · -	

Office Use Only



900410165949

N/C Amena

SEUNCHARY OF STA

RECEIVED

FILED

A. RAMSEY FT 1947. 24

JUN 2 3 202337

## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

06/22/2023

D	ate:	06/22/2023	- w: DW
	•	Acc#I20160000072	
Name:	Pollack & F	Rosen, P.A.	
Document #:			
Order #:	15002618		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
Filing: 🕡	Certified Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount	\$ 43.75	

Thank you!

## Articles of Amendment to Articles of Incorporation of

FILED

2023 JUN 22 AM II: 24

Pollack and Rosen, P.A.	STRUMENT
(Name of Corpor	ition as currently filed with the Florida Depti of State
P95000053654	
(Do	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	corporation:
Pollack & Rosen, P.A.	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Corp.," oc," or "Co". A professional corporation name must contain the word breviation "P.A."
D. F	N/A
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	DDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)
(Matting address MAT BE A 1 661 OTTTEE	
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent and/or the new registered.	stered office address in Florida, enter the name of the
N/A	tu office address;
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address: N/A	, Florida
THE TOURSE OF THE TAX	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: a. I am familiar with and accept the obligations of the position.
	ignature 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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add		<del></del>	
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
4	
· · · · · · · · · · · · · · · · · · ·	
,	
	not be the second
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	
<u> </u>	
	<del></del>

.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	iment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement ):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Uy	(voting group)	
06/20/2023	; ;	
Dated	weell J. Rose Pres	
(By'a d	irector, president or other efficer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary)	t been er court
	Joseph F. Rosen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	