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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HERBERT M. WEBB, P.A. P95000056762 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES F GRAY Name of Contact Person JAMES F GRAY, PA Firm/ Company 3615-B NW 13TH ST Address **GAINESVILLE, FL 32609** City/ State and Zip Code PapaGray1@aol.com E-mail address: (to be used for future annual report notification) For futher information concerning this matter, please call: JAMES F GRAY at (352) 371 6303

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HERBERT M. WEBB, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000056762	
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> ests Articles of Incorporation:	it Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "Inc.," or "Co". A professiona "Corp," "Inc.," or "Co". A professiona "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new majling address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address)	SECRET LIKY OF STATE ALL ARTS SEE, FILORIES da. enter the name of the name o
	rs - 1
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acce Signature of New Registered Age	
Check if applicable	, y camging

[☐] 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 = Charman 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	PI	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nanæ</u>	<u>Addres</u> s
1) Change	PD	PAULA G WEBB	1311 SW 112TH ST
Add			GAINESVILLE, FL 32607
X Remove			
2) Change	PD	PAULA G WEBB, TRUSTEE	1311 SW 112TH ST
X Add			GAINESVILLE, FL 32607
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional ional sheets, if necessar	ry). (Be specific)			
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			·		
provisions I	ment provides for an of for implementing the applicable, indicate N/A	amendment if not c	cation, or cancella ontained in the ag	ntion of issued shar nendment itself:	<u>res.</u>

The date of each amendment(s) at	loption:	, if other than the
date this document was signed.		
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, the partment of State's records.	is 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 shareholder	action and shareholder
The amendment(s) was/were add by the shareholders was/were sa	pted by the shareholders. The number of votes cast for the amendn fficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following state 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	<u> </u>	
, <u> </u>	(voting group)	
AUGUST :	29, 2024	
Signature	and I Class Truston	
(By a d	rector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	PAULA G WEBB, TRUSTEE	
	(Typed or printed name of person signing)	
	PRESIDENT AND DIRECTOR	
	(Title of person signing)	