## P95000094729

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	Certificate:	s of Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LAWYERS' ETHIC & GUARANTY FUND, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **LORI CONAWAY** Name of Contact Person LAWYERS' ETHIC & GUARANTY FUND, INC. Firm/ Company 1515 SOUTH FEDERAL HWY: SUITE 106 Address BOCA RATON, FL 33432 City/ State and Zip Code RBO@OSBORNEPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LORI CONAWAY at (561 ) 395-1000
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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LAWYERS' ETHIC & GUARANTY FUND, INC.

( <u>Name</u> c	of Corporation as currently	filed with the Florida Dept. of	State)
P95000094729			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	'/A	77)
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association."	Corp," "Inc," or "Co". A		
B. Enter new principal office address, (Principal office address MUST BE A S		_V/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar	<u>OFFICE BOX</u> )	ess in Florida, enter the name of	21 APR
new registered agent and/or the new		ss in Florida, enter the hame of	
Name of New Registered Agent	LORI CONAWAY		
	1515 SOUTH FEDERAL H	WY: SUITE 106	- Corn
	(Florida stre	et address)	<del>*************************************</del>
New Registered Office Address:	BOCA RATON	, · · · · ·, · · · · · ·	orida
	(	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. Lam familiar w	ith and accept the obligations of t	<u>he</u> position.
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 ((1) (	:). 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.

Example: X Change	<u>PT</u> <u>Je</u>	ohn <u>Doe</u>	
X Remove	<u>v</u> <u>N</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	CHELSEA OLIVER	1515 S FEDERAL HWY
Add			SUITE 106
X Remove			BOCA RATON, FL 33432
2) Change	PSD	LORI CONAWAY	1515 S FEDERAL HWY
X Add			SUITE 106
Remove 3) Change			BOCA RATON, FL 33432
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	$\frac{1}{N/A}$
	<b></b>	
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	<del></del>	
an amendment provides for an exch	iange, reclassificatio	n. or cancellation of issued shares.
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contai	ned in the amendment itself:
	,	
	<del></del>	
	<del></del>	

. .

•	APRIL 7, 2021	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	APRIL 7, 2021	
Enterior date in apparation	(no more than 90 days after am	endment file date)
	his block does not meet the applicable statutory to Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of vot re sufficient for approval.	es cast for the amendment(s)
	e approved by the shareholders through voting grod for each voting group entitled to vote separately	•
"The number of votes	cast for the amendment(s) was/were sufficient for	approval
by		**
oy	(voting group)	·
Dated	4/9/21	<i>j</i>
Signature	a director, president or other officer – if directors	and Carre have not been
	ected, by an incorporator – if in the hands of a rec	
	pointed fiduciary by that fiduciary)	
	(Typed or printed name of person	boine Ir.
	(Typed or printed name of person	signing) /
	Divertor	
	(Title of person signing)	