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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JORYN JENKINS	S, P.A.		
DOCUMENT NUM	POGNANANASS		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following	ng:	
	Katelyn Dougherty			
		Name of Cont	act Persoi	1
	Hunter Business Law			
		Firm/ Cor	npany	
	119 S. Dakota Avenue			
		Addre	SS	
	Tampa, FL 33606			
		City/ State and	I Zip Cod	e
longr	n@openpalmlaw.com			
	E-mail address: (to be us	ead for future appr	al report	notification
	L-man address. (to be di	sed for future affin	лат терот	notification)
For further informatio	n concerning this matter, pleas	se call:		
Katelyn Dougherty	at (	813	867-2640	
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Flo	rida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional or enclosed)	Бу	□\$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 Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently filed with the Florid	a Dept. of State)
P9600000055		<del></del>
(Document	Number of Corporation (if known	)
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	tutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment
A. If amending name, enter the new name of the corpor	ration:	
OPEN PALM, P.A.		The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "; vord "chartered," "professional association," or the abbi	lnc," or "Co". A professional c	
B. Enter new principal office address, if applicable:		201
Principal office address MUST BE A STREET ADDRES	<u>SS</u> )	, m
C. Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		2.6
D. If amending the registered agent and/or registered o	office address in Florida, enter t	he name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent		
	(Florida street address)	
	· · · · · · · · · · · · · · · · · · ·	Classida.
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent	

Signature of New Registered 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3) Change				
Add		_		, , , , , , , , , , , , , , , , , , , ,
Remove				
<del></del>				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
Kentove				
6) Change		<del></del>		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
Lan amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date timent of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
The amendment(s) was/were approximust be separately provided for ea	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated September 6,	2019	
Signature		
(By a directed, because of the control of the contr	stor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Jo	ryn Jenkins	
<u></u>	(Typed or printed name of person signing)	,
Di	rector	
<del>-</del>	(Title of person signing)	