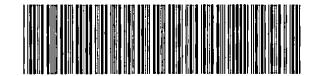
P970000 26259

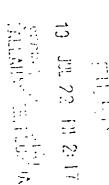
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JUL 27 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Thomas D. Daielo, P.A. DOCUMENT NUMBER: P970000 26259
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas D. Dairllo, Esquire Name of Contact Person Thomas D. Dairllo, P.A. Firm Company 4855 W. Hills bero Blud, St. B-10 Address City State and Zip Code Hills bero Blud, St. B-10 Address City State and Zip Code
For further information concerning this matter, please call: Thomas D. Daiclo at 561, 716-3865
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State.
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Thomas D-D	niello P.A
	ly filed with the Florida Dept. of State)
P97000026	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporatio	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or	'Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "	
B. Enter new principal office address, if applicable:	4855 W- Hilsborn Brd
(Principal office address MUST BE A STREET ADDRESS)	
	Ste 8-10
	Coconot Creek, FL3307
C. Enter new mailing address, if applicable:	4855 W. Hillsboro Blio
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1055 W. (TITISONO DIVE
	Ste 16-10
	Coconut Greek FL 330
D. If amending the registered agent and/or registered office add	race in Florida, enter the name of the
new registered agent and/or the new registered office address	
	_ _ ID_
Name of New Registered Agent	
₹	
(Florida st	rea: address)
New Registered Office Address: 48 55 W. Hills	Blod Florida 33073
New Registerea Office Adaress: 1000 N(1)	(Cip) (Z:p Code)
Ste B-10,	Coco wit Creek (Z:p Code)
'	
New Registered Agent's Signature, if changing Registered Agent	ı:
I hereby accept the appointment as registered agent. I am familiar	
}	Y A D N F
Signature of New I	Registered Agent, if changing
-	
	E. N

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.

Mike Jones, V as Remov Example:	e, and Sally S	mith, SV as an Add.	
X Change	<u>PT</u> Jo	hn <u>Doe</u>	
\underline{X} Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) MEhange	MA	N/A	<u>NA</u>
Add Remove		•	
2) Mange Add		NIA	-
Remove 3) Whenage		NA	
Add Remove			
4) Mange Add		N/A	
Remove		1(1)	
5) Change Add Remove			
o) De Change		NA	
Add Remove		1	

Page 2 of 4

	if necessary).	Be specific)	`		
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	les for an exchar	ioe, reclassificatio	on, or cancellati	on of issued sha	res.
'an amendment provid	CALLED WH CALLED	F-1	ined in the ame	ndment itself:	
an amendment provi	enting the amend	ment if not conta			
provisions for impleme	enting the amend ndicate N/A)	ment if not conta	anco in the anac	MARKIN MARKET	
(2n amendment provious for implement (if not applicable, i	enting the amend indicate NA)	ment if not conta	Mary III W. Harry		
provisions for impleme	ndicate NA)	Ment if not conta			
an amendment proving provisions for implement (if not applicable, i.	ndicate NA)	V/Ω			
provisions for impleme	ndicate NA)	MA_			
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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: Ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval. The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for 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
☐ The amendment(s) was were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Dated Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Tytel of person signing)