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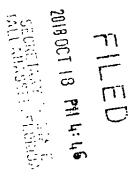
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Haber Slade, P.A.	
DOCUMENT NUMBER: P97000027864	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Gillian Haber	
	Name of Contact Person
Haber Slade, P.A.	
	Firm/ Company
251 NW 23rd Street	
	Address
Miami, FL 33127	
	City/ State and Zip Code
ghaber@haber.law	
	ed for future annual report notification)
,	and the control of th
For further information concerning this matter, please	call:
David B. Haber	at (305) 379 2400
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Haber Slade, P.A.			
(Name of Cort	oration as currently	filed with the Florida Dept. of State)	
P97000027864			
1)	Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adopts the follo	owing amendment(s)
A.) If amending name, enter the new name of	the corporation:		
Haber Law, P.A.			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp." "Inc," or "C	o". A professional corporation name n	he abbreviation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	' <u>E BOX</u>)		FILTU
D. If amending the registered agent and/or renew registered agent and/or the new registered		is in Florida, enter the name of the	***
Name of New Registered Agent			
	(Florida stree	(address)	
New Registered Office Address:		, Florida	
<u> </u>	(C		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	gent. I am familiar wit		ion.
	Signature of New Reg	istered 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address]
1) Change			
Add			
Remove			
2) Change		_\	
Add			
Remove			
3) Change			
Add			1
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		-	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
\	
	7 -
	/
. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amendment.	on of issued shares,
(if not applicable, indicate N/A)	
	— /_
	<u> </u>
	-

date this document was signed.	tion:, if other than ti
Effective date <u>if applicable</u> :	2018
majajneasie.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement ch 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	(voting group)
	(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
10/17/2018	
Dated	Tillion Habe
(By a direction selected, b	fully fully fully for the fiderectors of officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	GILLIAN HABER
_	(Typed or printed name of person signing)
	THEASULER
_	(Title of person signing)