

. 		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
_		
	E dia None	
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



500315314085

07/09/18--01021--015 **35.00

Hug

R. WHITE 2018

10 JUL -9 AH & 14

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

P97000036468	ants For The Legal Profe	
	bmitted for filing.	
dence concerning this ma	tter to the following:	
nis A. Mazal, M.D.		
	Name of Contact Person	<u> </u>
lical Consultants For T	he Legal Profession, Inc	
		 -
65 Blue Palm Street	7 Will Company	
	Address	
ntation, Florida 33324		
	City/ State and Zip Code	e -
zal@hotmail.com		
	sed for future annual report	notification
cerning this matter, pleas	305	919-8203
ntact Person	Area Co)de & Daytime Telephone Number
following amount made p		
□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301		ment Section n of Corporations Building
	mendment and fee are surdence concerning this mathria. A. Mazal, M.D. dical Consultants For T 65 Blue Palm Street ntation, Florida 33324 azal@hotmail.com E-mail address: (to be used to be used	mendment and fee are submitted for filing. dence concerning this matter to the following: nnis A. Mazal, M.D. Name of Contact Person dical Consultants For The Legal Profession, Inc Firm/ Company 65 Blue Palm Street Address ntation, Florida 33324 City/ State and Zip Cod azal@hotmail.com E-mail address: (to be used for future annual report neerning this matter, please call: at (305 Area Co following amount made payable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Address ent Section of Corporations 6327 Street Amend Olivisio Clifton

) Q

Articles of Amendment to Articles of Incorporation of

FILED

19 JUL -9 AM 9: 14

Medical Consultants For the Legal Profession, Inc.	19 205 - A WH 2: 14	
	tly filed with the Florida Dept. of State)	
P97000036468		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	10865 Blue Palm Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Plantation, Florida 33324	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10865 Blue Palm Street	
	Plantation, Florida 33324	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
10865 Blue Palm Stree	et	
(Florida s	weet address)	
New Registered Office Address:	33324 . Florida	
	(City) (Zip Code)	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
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>ac</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				-
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				_
Remove				
5) Change				
		<u> </u>	·	
Add Remove				
KCHIOVC				
6) Change				
Add				
Remove				

<u>lf amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
		
		
		 -
ran amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) ac	deption;	, 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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by:	"	
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
July 6, 201	18	
Dated	and My m	
(By a d selected	irector, president or other officer – if decetors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Dennis A. Mazal	
	(Typed or printed name of person signing)	
	M.D.	
	(Title of person signing)	

. . . .