(Re	equestor's Name)	
(Ac	dress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
		
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Cassial Instructions to	Cilina Officer	****
Special Instructions to	Fling Officer:	

Office Use Only



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COVER LETTER

TO: Amendment and Division of Co			
NAME OF COR	PORATION: TOM	berg + Travies	o, P.A.
DOCUMENT NU	UMBER: P97000	2091115	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
	Jeffrey H.	Tromberg	
	(Name	of Contact Person)	
	Tromberg +	Associates, P.A	•
	(Fir	rm/ Company)	
	P.O. Box 590	113	
		(Address)	
	Ft. Lauderdole,	, FL 33359-01	13
	(City/ St	ate/ and Zip Code)	
For further inform	ation concerning this matter,	please call:	
Jeffrey 1-	1. Tromberg	at (954) 70	-5278
(Nam	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Iling Address endment Section	Street Address Amendment Sect	ion

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Articles of Amendment to	
Articles of Incorporation	FILE
Tromberg & Travieso, P.A.	FILED PILOT
(Name of corporation as currently filed with the Florida Dept. of State)	=
P97000091115	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporat</i> adopts the following amendment(s) to its Articles of Incorporation:	ion
NEW CORPORATE NAME (if changing):	
Tromberg + Associates, P.A. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co. (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "	.") P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
10 Principal Address is changed to: 1900 W. Commercial Blud	<u>-</u>
(D Principal Address is changed to: 1900 W. Commercial Blud Suite 152	
Ft. Louderdde, FL 3330	
2 Mailing Address is changed to: P.O. Box 590113	
Ft. Lauderdole, FL 3335	79-011
<u></u>	
	<u> </u>
	
(Attach additional pages if necessary)	 .
If an amendment provides for exchange, reclassification, or cancellation of issued shares, pro	vicione
for implementing the amendment if not contained in the amendment itself: (if not applicable, indi	
	
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The date of each amendment(s) adoption: October 5, 2004
Effective date if applicable: October 5, 2004 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast fo 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
(voting group)
☐ 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 as shareholder action was not required.
Signed this 5th day of October, 2004
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)
Jeffrey H. Tromberg (Typed or printed name of person signing)
^
President
(Title of person signing)

FILING FEE: \$35