P98000001543

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COVER LETTER

TO: Amendment Section . Division of Corporations

| NAME OF CORPORATION: | JDMAN, P.A. |
|--|---|
| DOCUMENT NUMBER: P98000001543 | <u> </u> |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this m | natter to the following: |
| Ginny L. Goldman | |
| Ginny L. Goldman, P.A. | Name of Contact Person |
| P.O. Box 6122 | Firm/ Company |
| Delray Beach, F1.33482 | Address |
| - | City/ State and Zip Code |
| attorneygg54@gmail.com | |
| E-mail address: (to be | used for future annual report notification) |
| For further information concerning this matter. ple | ase call: |
| Ginny L. Goldman | 561 447-9208 at () |
| 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: |
| ■ \$35 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

GINNY L. GOLDMAN, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State) P98000001543 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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 "P.A." 212 Coral Trace Ct. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Delray Beach, FL 33445 C. Enter new mailing address, if applicable: P.O. Box 6122 (Mailing address MAY BE A POST OFFICE BOX) Delray Beach, FL 33482 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 212 Coral Trace Ct. (Florida street address) Delray Beach New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

| Executive Officer; CFO: held. President, Treasure Changes should be noted a change. Mike Jones lea Mike Jones, V as Remove | rector title President = Chief F r, Directo in the fot ves the co | e by the first le ; T= Treasure Financial Offic or would be PT llowing manne orporation, Sal | r: S= Secretary: D= Director: TR= Trustee: C = Chairman or Clerk: CEO = Chief er. If an officer/director holds more than one title, list the first letter of each office D. r. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is lly Smith is named the V and S. These should be noted as John Doe, PT as a Change, |
|--|--|---|---|
| Example: X 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>Nam</u> | Address |
| 1) Change | | - | <u> </u> |
| Add | | | |
| Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Damaya | | | |

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:

| ttach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an excha provisions for implementing the amen | nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment date this document was signed | | , if other than the |
|--|---|---|
| Effective date <u>if applicable</u> : | September 15, 20 | 17 |
| | • | (no more than 90 days after amendment file date) |
| Note: If the date inserted in document's effective date on the | this block does not ne Department of S | meet the applicable statutory filing requirements, this date will not be listed as the tate's records. |
| Adoption of Amendment(s) | (<u>CHE</u> | CK ONE) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the stere sufficient for ap | nareholders. The number of votes cast for the amendment(s) proval. |
| ☐ The amendment(s) was/wer must be separately provide | e approved by the d for each voting g | shareholders through voting groups. <i>The following statement</i> roup entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amend | ment(s) was/were sufficient for approval |
| by | (vatir | g group) |
| | (•0 | 3 3701177 |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the bo | pard of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/wer action was not required. | e adopted by the in | corporators without shareholder action and shareholder |
| Septer Dated_ | mber 15, 2017 | |
| Signature | Hinny | a. Del Jman |
| se | y a director, presid lected, by an incorp pointed fiduciary b | ent or other officer – if directors or officers have not been borator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | Ginny L. Gol | ነ dman |
| | | yped or printed name of person signing) |
| | President | |
| | | (Title of person signing) |
| | | |
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