

P9800000 7708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

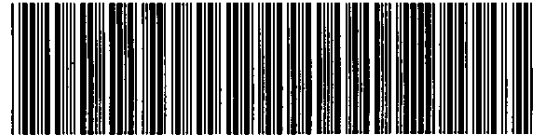
Certified Copies _____

Certificates of Status _____



Special Instructions to Filing Officer:

Office Use Only



600184019626

08/30/10--01027--017 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 30 AM 8:33

FILED

Amend & N/C

TB

SEP - 1 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BERNSTEIN MOSKOWITZ KRAMER AND BENEZRA I PA, INC.

DOCUMENT NUMBER: P98000007708

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW KRAMER CPA

Name of Contact Person

LASKIN KRAMER & WEISS, P.A.

Firm/ Company

490 SAWGRASS CORPORATE PARKWAY STE 100

Address

SUNRISE, FL 33325

City/ State and Zip Code

andy@lkwpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW KRAMER CPA

Name of Contact Person

at (954)

474-6660

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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)

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

BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P98000007708

(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:

KRAMER AND MOSKOWITZ IPA, INC.

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."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

870 FISHERMAN STREET

OPA LOCKA, FL 33054

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

870 FISHERMAN STREET

OPA LOCKA, FL 33054

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:

ANDREW KRAMER CPA

New Registered Office Address:

490 SAWGRASS CORP PKWY #100

(Florida street address)

SUNRISE

(City)

Florida 33325

(Zip Code)

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

FILED
2010 AUG 30 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>ROTH, LEON MD</u>	<u>2500 E HALLANDALE BEACH</u> <u>BLVD SUITE QR</u> <u>HALLANDALE, FL 33009</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>BENEZRA, CLIFFONI MD</u>	<u>2500 E HALLANDALE BEACH</u> <u>BLVD SUITE QR</u> <u>HALLANDALE, FL 33009</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8/27/2010
(date of adoption is required)

Effective date if applicable: 8/27/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 _____."
(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 and shareholder action was not required.

Dated 8/27/10

Signature David Kramer MD
(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)

DAVID KRAMER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)