P98000073352

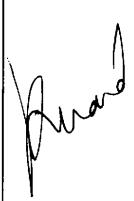
-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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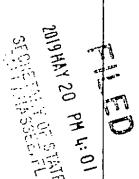


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Sigmund Ringoen DC PA
DOCUMENT NUMBER:	P98000073352
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Sign	nund Ringoen
	Name of Contact Person
Sign	nund Ringoen DC PA
	Firm/ Company
582	SW Flagler Avenue
	Address
Fort	t Lauderdale FL 33301
	City/ State and Zip Code
	ddress: (to be used for future annual report notification)
For further information concerning t Sigmund Ringoen	his matter, please call:
Name of Contact Per	
Enclosed is a check for the following	g amount made payable to the Florida Department of State;
	SFiling Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

Sigmund Ringoen DC PA

(Name of Corporation P98000073352	n as currently fil	ed with the Flori	da Dept, of State)		<u>.</u>
	ent Number of Co	rporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Flor</i>	rida Profit Corpor	ation adopts the fo	llowing amend	lment(s) to
A. If amending name, enter the new name of the corp	poration:				
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al	"Inc." or "Co"	. A professional	incorporated" or corporation name	the abbreviat	ion the
B. Enter new principal office address, if applicable:				35	2
(Principal office address MUST BE A STREET ADDR	PESS)				
	_				
	_	<u></u>			() ! ~ #*?*
C. Enter new mailing address, if applicable:				304	P 18
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_			TION TO THE	<u>ت</u> وحد
	_				2
D. M			-	<u> </u>	_
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	i office address i fice address:	n F <u>lorida, enter (</u>	<u>he name of the</u>		
Name of New Registered Agent	-				
The state of the s	<u> </u>		-		
	(Florida street ac	ldress)			
New Registered Office Address:			101		
isew registered Office Address.	/City,)	Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent:	and accept the obli	igations of the nosi	tion	
, and a segment again, a		ina accept the (nn)	gunous of the post	non.	
					
Signatu	ire of New Regist	ered Agent, if chai	iging		

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:

tAttach 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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	France G. Ringoen	301 SE 6th Street
Add			Dania Beach FL 33004
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	-
· · · · · · · · · · · · · · · · · · ·	
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
cy and appreciate, manual and	
<u> </u>	

The date of each amendment(s) adoption: date this document was signed.
Effective date if applicable:
(no more than H days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(x) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 5.16.19 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)
(Typed or printed name of person signing)
(Typed of printed name of person signing)
(Title of person signing)