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Amend

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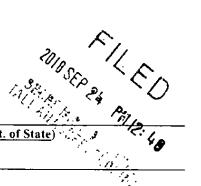
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: ALEXAND	ER MARTIN &	ASSOCIATES, INC.	
DOCUMENT NUMBER:	UMBER: P 99 00 00 0 3 9 6 9			
The enclosed Articles of An	nendment and fee are su	bmitted for filing.		
Please return all correspond	ence concerning this ma	tter to the following:		
	1.1	dy Acham		
	Wei	Name of Contact Perso	n	
A	EXANDER M	AATIN & ASSO Firm/ Company	CIATES, THC.	
	8401 LAKE	E WORTH RD		
	8401 LAKE WORTH RD. Address			
	City/ State and Zip Code			
		City/ State and Zip Cod	e	
	INSOLU @	BELLSOUTH. H	ビ て	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information con	cerning this matter, pleas	se call:		
YOHEN	ACHAM	at (561	737 - 3737 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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)	
Division of P.O. Box	ent Section of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



MARTIN & ASSOCIATES, INC. (Name of Corporation as currently filed with the Florida Dept. of State 7 99 00000 3969

(Doct	ument Number of Corporation (if known)	100
its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new name of the	corporation: N/A -Not Applicable	
	NIA - Not Applicable	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	N/A - Not Applicable.	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of the doffice address:	e N/A- Not A
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florid	a(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: NA - Not APP I am familiar with and accept the obligations of the	

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)

Example:

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.

X Change	PT John D	<u>oe</u>		
X Remove	V Mike J	ones		
X Add	SV Sally S	Sally Smith		
Type of Action (Check One)	Title	Name .	Address	
1) X Change	Director	THER ALEXANDER ACHAM	9756 SAADIE CT.	
Add			LAKE WORTH EL 33467	
Remove				
2) X Change	Charman	ROGER ACHAM	9756 SADDUE CT.	
Add			LAKE WORTH	
Remove			FL 33467	
3)Change	Director	JORDAN MARTIN ACHAM	9756 GADDLE CT	
X Add			LK MORTH	
Remove			FL 33467	
4) Change				
Add				
Remove				
5) Change				
Adđ				
Remove				
б) Change				
Add				
Remove				

nmending or adding additional Art tach additional sheets, if necessary).	(Be specific)		-	
<u> </u>				
-				·
				
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	-			
		<u> </u>		
			 	
f an amendment provides for an excl provisions for implementing the ame	hange, reclassificatio	n, or cancellation o	fissued shares,	- Not Applic
(if not applicable, indicate N/A)	mument ii not contai	ned in the amendm	ent itseit:	• •
				
		·		
				

The date of each amendment(s) adoption:	9/1/2018	, if other than the
date this document was signed.		
Effective date if applicable:	9/1/2018	
	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-	holders. The number of votes cast for the amer val.	ndment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	n entitled to vote congrataly on the amondment	(c)
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval NA	- Not Applicable.
by	•	
(voting g	• '	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and sh	archolder NA - Not Application
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareho	older MA-Net 1997
Dated9 17 201	8	
Signature (By a director, president)	or other officer – if directors or officers have n	ot been
	ator - if in the hands of a receiver, trustee, or ot	
MENDY	ACHAM	
(Type	d or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	