P990000 13765

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Poses & Poses, P./	١.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Todd Poses		
•		Name of Contact Persor	1
	Poses & Poses, P.A.		
-		Firm/ Company	
	169 East Flagler Street Suite	1600	
-		Address	
	Miami, Florida 33131		
•	. ,	City/ State and Zip Cod	<u></u>
	shelly@posesandposes.com		
•		sed for future annual report	notification)
For further information	concerning this matter, pleas	ca call:	
TOT WITHEN INTOFFICIATION	concerning this matter, prea.	se can.	
Todd Poses		at (577-0200
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Poses & Poses, P.A.						
(Name	of Corporation as c	urrently filed with tl	he Florida Dep	t. of State)		
P99000013765						
	(Document Ni	unber of Corporation	(if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statut	es, this <i>Floridu Profit</i>	Corporation ac	dopts the followin	ig amendmen	it(s) 1
A. If amending name, enter the new n	ame of the corpora	tion:				
Poses Law Group, P.A.					The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contained," "professional association,"	Corp." "Inc." or "	Co". A professionai	"incorporated" corporation n	or the abbreviation ame must contain	on "Corn"	
B. Enter new principal office address, (Principal office address MUST BE A S						
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>	<u>icable:</u> <i>OFFICE BOX</i>)					
		-30-3		<u></u>		
D. If amending the registered agent ar new registered agent and/or the ne			a, enter the nar	ne of the		
Name of New Registered Agent	Todd Poses, Esqui					
	169 East Flagler St	reet Suite 1600			-	
		orida street address)			- 25	
New Registered Office Address:	Miami			Florida 33131	929	
		(City)		Zip (Code	1 1
				3	22	
New Registered Agent's Signature, if c / hereby accept the appointment as regist	hanging Registered tered agent. am fa	l Agent: miliar with and accep	or the obligation	s of the position.	PH 6: 4	コ
						
	Signature of	f New Registered Agei	nt, if changing	_	-	
Check if applicable						

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<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>Name</u>	Address
1) Change	PD	Mark Poses	169 East Flagler Street
Add			Suite 1600
X Remove			Miami, Florida 33131
2) X Change	PTSD	Todd Poses	169 East Flagler Street
Add			Suite 1600
Remove 3) Change			Miami, Florida 33131
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Art (Attach additional sheets, if necessary). 	(Be specific)	
N/A		
<u> </u>		
	<u> </u>	
<u> </u>		—
-	-	
·		
		
<u> </u>		
<u> </u>		
provisions for implementing the age	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	and the not contained in the amendment asen:	
N/A		
		
<u> </u>		

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	ppted by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the officient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The fole each voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated9	115/20	
selecte	ite for president or other officer – if directors or officers I I, yy an incorporator – if in the hands of a receiver, trustee	
appoin	ted fiduciary by that fiduciary)	
	Todd Poses	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	