P9900047191

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HERBERT J. KAPLAN, C.P.A., P.A.			
DOCUMENT NUMBER: P99000047791			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
HERBERT J. KAPLAN			
	Name of Contact Person		
HERBERT J. KAPLAN, C.P.A., P.A.			
	Firm/ Company		
PO Box 19255			
	Address		
Plantation, FL 33318			
	City/ State and Zip Code		
E-mail address: (to be	used for future annual report notification)		
	The second distributions of the second secon		
For further information concerning this matter, ple	ease call:		
/auto / Kaplan	at (954) 372-62FP		
Name of Contact Person	at (95-1/) 372 - 62FF 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 & □\$52.50 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

HERBERT J. KAPLAN, C.P.A., P.A.

(Name	of Corporation as curre	ntly filed with the Florida Dept. of	Stata)
P99000047791	St Supplied on as Edite	nty neu with the Fiorita Dept. of	<u>State</u>)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			7716
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	The new d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
per office dadress <u>proof 1912 / 0</u>	1 (0.2.1 ADD (1.33)		
C. Enter new mailing address, if appl		N/A	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
			<u>5</u> 6
			<u> </u>
D. If amending the registered agent an	id/or registered office ad-	dress in Florida, enter the name of	the SSA E E
new registered agent and/or the new	w registered office addre	ss:	
Name of New Registered Agent	N/A		
			小
	(Florida s	treet address)	<u> </u>
New Registered Office Address:	N/A	171	• 1
negmered Office Madress.		(City), Flor	rida (Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as regist	hanging Registered Agen ered avent Lam familiar	it:	ha maratara
as regist	erea agem. Tam jammar	with and accept the obligations of the	ne position.
	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)

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>	<u>Addres</u> s
I) Change	D	Marina Kaplan	8811 Gatehouse Rd #7
XX Add			Plantation, FL 33324
Remove			
2) Change			·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
í) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) h	<u>iere</u> :		
N/A	(be specific)			
				
				
	· · · · · · · · · · · · · · · · · · ·			
				
				
			_	
				. <u>.</u>
F. If an amendment provides for an exchange	ange, reclassification.	or cancellation of issu	ied charac	
provisions for implementing the amen	dment if not containe	d in the amendment it	self:	
(if not applicable, indicate N/A) Director is Shareholder with 50% share in c				
Breetor is Shareholder with 50% Share in C				
				·
				
				
				_

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable status document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	g groups. The following statement ately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficien	t for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Signature / Keeled J Kayelow	
Signature / Lew 1 / Kanlow	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	ctors or officers have not been a receiver, trustee, or other court
HEASERT J Kaz	NCA ~
(Typed or printed name of pe	rson signing)
- PAESSACO	igning)
(Title of person si	gning)