## 621129

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11/17/20

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Maguire Lassman	Silbernagel, P.A.	<del></del>		
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	Robin Freeman				
	Name of Contact Person				
	Maguire Lassman Silbernagel, P.A.				
	Firm/ Company				
	605 E. Robinson St., Ste. 140	•			
	Address				
	Orlando, FL 32801				
		City/ State and Zip Cod	e		
	Robinj@maguire-eminentdomain.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas		278-9522		
	5.62	at (407	) 220-7522		
Name (	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C 2415 f	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

FILED 2020 OCT -5 PM 4: 53

Maguire Lassman Silbernagel, P.A.	SECRET' 2V or
(Name of Corporation	as currently filed with the Florida Dept. of State
S21129	and the second of the second o
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor-	poration:
Maguire Silbernagel, P.A.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	605 E. Robinson St., Ste. 140
(Principal office address MUST BE A STREET ADDR	Orlando, FL 32801
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	SAME
D. If amending the registered agent and/or registered new registered agent and/or the new registered of N/A	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	itered Agent; am familiar with und accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

## Check if applicable

 $\square$  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)

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	PT	John Doc			
X Remove	$\underline{\mathbf{v}}$	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	<u>v</u>	LASSMAN, HAROLD A	605 E. Robinson St., Ste. 140		
Add			Orlando, FL 32801		
X Remove					
2) Change					
Add					
Remove 3) Change	<del></del>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<u> </u>			
Add					
Remove					

E. If amend	ding or adding additions additional sheets, if necessi	Articles, enter char	nge(s) here:		
N/A	aumona sneets, y necessi	is you (be specific)			
N/A		·	<del></del> _		. <u></u> .
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F. <u>[fun am</u>	endment provides for an	exchange, reclassifi	cation, or cancell	ation of issued shar	<u>.63</u> 2
<u>provisio</u>	ons for implementing the not applicable, indicate NA	amendment if not o	ontained in the a	mendment itself:	
	ног аррисанге, таксаге пл	A)			
N/A					
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				. <u></u>	
				-	
				<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
October 1, 2020 Effective date if applicable:	
(no more than 90 days after amendment file date	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	iendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature  (By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or	other court
appointed fiduciary by that fiduciary)	
Raymer F. Maguire, III	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>