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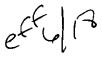
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Zakheim & LaVrar, P.A.
DOCUMENT NUMBER:	S31533
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Scott Zakhei	im
	Name of Contact Person
Zakheim La	w Group, P.A.
	Firm/ Company
1133 S Univ	versity Drive, 2nd Floor
	Address
Plantation, F	FL 33324
	City/ State and Zip Code
szakheim@zakhei	mlaw.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Scott Zakheim	at () 735-4455
Name of Contact Pe	
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
-	25 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional copy is cnclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion Amendment Section orations Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Zakheim & LaVrar, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) S31533 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Zakheim Law Group, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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:

 $P_{i} = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 D	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	VP	_	Flynn LaVrar		1133 S University Dr, 2nd Flr
Add					Plantation, FL 33324
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).	icles, enter change(s) here: (Be specific)	
,	N/A	
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f an amendment provides for an exc provisions for implementing the ame	ange, reclassification, or cal	ncellation of issued shares, he amendment itself:
(if not applicable, indicate N/A)		
	N/A	
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	6/18/2016	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
6/10 Dated Signature	116 South Ref.	
	a director, president or other officer - if directors or officers have not been	- TABLE
	ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Scott Zakheim	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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	Address				
Plantation, 1	FL 33324				
	City/ State and Zip Code				
szakheim@zakhei	imlaw.com				
	address: (to be used for future annual report notification)				
For further information concerning	this matter please call				
Tot further information concerning	inis matter, prease eatr.				
Scott Zakheim	at (954) 735-4455				
Name of Contact Po	erson Area Code & Daytime Telephone Number				
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:				
	75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional copy is enclosed) \$ Certified Copy (Additional Copy is enclosed)				
Mailing Addres Amendment Sectorial Division of Corp P.O. Box 6327 Tallahassee, FL	tion Amendment Section orations Division of Corporations Clifton Building				

Tallahassee, FL 32301