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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Law Offices of Gab	oriela Riza PA			
DOCUMENT NUM	1BER: P06000143740				
The enclosed Article	s of Amendment and fee are sul	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Gabriela Kvasna				
		Name of Contact Person			
	Law Offices of Gabriela Riza PA				
	Firm/ Company				
	46 N Washington Blvd Suite	1			
	Address				
	Sarasota				
		City/ State and Zip Code	,		
	gabriela@rizaviza.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	e catl:			
Gabriela Kvasna at (9419142121					
Name of Contact Person			le & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	payable to the Florida Depa	rtment 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)		
Ar Di	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

Law Offices of Gabriela Riza PA			2025 AP	ו מנ	• • • -
(Name of Corporat	ion as currently	filed with the Florida I	Dept. of State)	 	-AH 9: 1
P06000143740			SECL	(- . ; . ;	JE STA
(Docur	ment Number of	Corporation (if known)	- IALL	केंगं 43	SEE. FL
Pursuant to the provisions of section 607,1006, Florid sections of Incorporation:	a Statutes, this F	Torida Profit Corporatio	n adopts the following	g amen	dment(s) t
. If amending name, enter the new name of the c	orporation:				
GK LAW OFFICE P.A.				The	Marc
name must he distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A			on "Cor	p., "
8. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET AD</u>				<u></u>	
					_
			· · · · ·		_
Enter new mailing address, if applicable:	017				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)				_
					_
). If amending the registered agent and/or registe	and office address	nee in Mauida, antau tha	name of the		
new registered agent and/or the new registered			name of the		
Name of New Registered Agent					
Name of New Regimerea Agent		<u> </u>		-	
	(Florida stree	at addrace)		_	
	(1 15) 144 31/6	cr adar c.13)			
New Registered Office Address:		City)	, Florida (Zip C	Codal	_
	(,	City	(24)	-040/	
ew Registered Agent's Signature, if changing Reg	gistered Agent:				
hereby accept the appointment as registered agent.	I am familiar wi	ith and accept the obligat	ions of the position.		
<u> </u>		atataman di America (1804)		-	
Sign	ature of New Rep	gistered Agent, if changir	ıg	-	

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)

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>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additie	or adding additions onal sheets, if necess	sary). (Be specij	îc)			
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If an amenda	nent provides for a or implementing th	n exchange, recla e amendment if r	ssification, or ca lot contained in t	ncellation of issu he amendment i	ed shares, tself:	
(if not ap	oplicable, indicate N	VA)				
						
			,			
				_		<u> </u>
	·		<u>_</u>			

;

	04/08/2025	
The date of each amendme date this document was signe		, if other than the
Effective date if emplicable	04/08/2025	
Effective date <u>if applicable</u> ·	;	
	n this block does not meet the applicable statutory filing requirements, i the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s	(<u>CHECK ONE</u>)	
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without sharehold	der action and shareholder
	vere adopted by the shareholders. The number of votes east for the amen were sufficient for approval.	dment(s)
	vere approved by the shareholders through voting groups. The following ded for each voting group entitled to vote separately on the amendment(
"The number of vot	tes cast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
04/0	08/2025	
Dated		
Signature		
((By a director, president of other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
	Gabriela Kvasna	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	