Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : THE KLEIN GROUP

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN BRISSI GROUP OF FLORIDA, INC.

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October 10, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BRISSI GROUP OF FLORIDA, INC. 11776 W SAMPLE RD SUITE 105 CORAL SPRINGS, FL 33065

SUBJECT: BRISSI GROUP OF FLORIDA, INC.

REF: P13000037669

We received your electronically transmitted document. However, the conditions and document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000324033

Regulatory Specialist II Supervisor Letter Number: 623A00023492

2023 NOV -8 AM 9:

Articles of Amendment

Articles of Incorporation H23000324033 3

BRISSI GROUP OF FLORIDA, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000037669	
(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:	
BEN BRISSI, P.AThe	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Gorp.," "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 MUST BE A STREET ADDRESS)	
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	
New Registered Office Address: (City) (Florida street address) , Florida (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	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. H230003240333	

Example:

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:

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

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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	2023
Type of Action (Check One)	Title	Name	No.
1) Change			<u> </u>
Add			\SSE A
Remove			က္ကေတာ ့
2) Change		-Y\ -/-/-	ATE FL
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

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H230003240333

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	09/13/2023	
The date of each amend date this document was si	ment(s) adoption:	, if other than the
Effective date if goolical	ble:	
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date without the Department of State's records.	Il not be listed as the
Adoption of Amendmen	t(s) (CHECK ONE)	20 2
☐ The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder action and.	- Ei - E
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.	- 8
☐ The amendment(s) was must be separately pro	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):	ت. ت. د
"The number of	votes cast for the amendment(s) was/were sufficient for approval	28
by	U	
	(voting group)	
9 Dated_	6-23	
Signatu	Ben Brissi	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	BENJAMIN BRISSI	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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