Florida Department of State

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TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: ___ ROSANIA MAIA, PA. DOCUMENT NUMBER: P14000037752 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LETICIA SANTOS Name of Contact Person ACCOUNT BOOKKEEPING CORP Finn/ Company 5301 CONROY ROAD SUITE 140 Address ORLANDO - FL 32811 City/ State and Zip Code INFO@ABKCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 898 1757

Area Code & Daytime Telephone Number LETICIA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fce Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

2019 007 11

ROSANIA MAIA, PA (Name of Corporation as currently filed with the Florida Dept. of State) P14000037752 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation; ROSANIA MAIA TAYLOR, 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 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 (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

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, no	ime,
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:

F = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each o, 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 The. 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				a
Remove				
2) Change		_		
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets,	if necessary).	(Be specific)				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)							
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(if not applicable, indicate N/A)	f an amendment provid	es for an exch	ange, reclassifica	tion, or cancell tained in the at	ution of issued vendment itsel	<u>sh¤res,</u> f:	
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if other tha The date of each amendment(s) adoption: date this document was signed. Effective date <u>if applicable</u>: (no more than 90 days after omendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (By a director, president or other officer - if directors or officers have not been Signature selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Rosamia Maia Taylor
(Typed or printed name of person signing)

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