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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: STIVEN TRUJILI	O FERNANDEZ, PA		_	
DOCUMENT NUM	P22000015707			_	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	STIVEN TRUJILLO FERNA	ANDEZ		•	
		Name of Contact Person	 1		
	STIVEN TRUJILLO FERNA	ANDEZ, PA			
		Firm/ Company			
	3526 W 80TH ST, UNIT 101				
		Address			
	HIALEAH GARDENS, FL	33018			
		City/ State and Zip Cod	e	-	
	stevefer01@gmail.com				
		sed for future annual report	notification)		
		·		~ <b>~</b>	
For further informati	on concerning this matter, plea	se call:		22 DE	
STIVEN TRUJILLO	) FERNANDEZ	786	340-6159	C6	
Name	e of Contact Person	Area Co	de & Daytime Telephone N	Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	. 프 · · · · · · · · · · · · · · · · · ·	العندة و
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	F <sub>7</sub> , ℃	<b>,</b>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 8	310	

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

STIVEN TRUJILLO FERNANDEZ, PA		
<del></del>	pration as currently filed with the Florida Dept. o	of State)
P22000015707		
(D	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the STIVEN TRUJILLO FERNANDEZ, P.A.	he corporation:	The new
	d "corporation," "company," or "incorporated" or "Inc," or "Co". A professional corporation nanabbreviation "P.A."	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX) N/A	28
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the name ered office address:	e of the
Name of New Registered Agent	N/A	
New Provident Coffee Address	(Florida street address)	Florida
New Registered Office Address:	(City)	(Zip Code)
	2 Registered Agent: ent. I am familiar with and accept the obligations of Signature of New Registered Agent, if changing	of the position.
Check if applicable  ☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (c), 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	<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>	<u>Name</u>		<u>Addres</u> s
1) Change	Р	STIVEN TRUJILLO FEI	RNANDEZ	3526 W 80th ST, UNIT 101
X Add				HIALEAH GARDENS, FL 33018
Remove				
2) Change		-		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

anach <i>adi</i>	ing or adding add Iditional sheets, if	necessary). (B	e specific)	of nere.		
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f an ame	ndment provides	s for an exchang	<u>te, reclassificati</u>	on, or cancellatio ained in the amer	n of issued shar	es,
if ne	ot applicable, indi	icate N/A)	nent ii not conta	amed in the amer	idileiti itseii.	
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the a fficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated\\\/ 2 \\ Signature	1/2077	
(By a d	rector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	Stiven Try: 10 Ternan (Typed or printed name of person signing)	dez
	Registered Agent (Title of person signing)	·
	(Title of person signing)	