

# P99 000065755

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

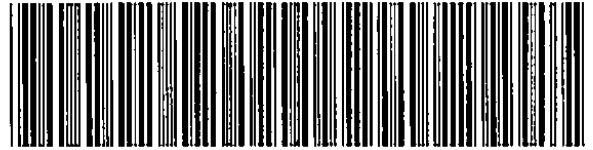
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(Document Number)

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TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Darrigo, Diaz + Jimenez, P.A.  
DOCUMENT NUMBER: P99000065755

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aleida Richards  
Name of Contact Person  
Darrigo + Diaz, P.A.  
Firm/ Company  
4504 N. Armenia Ave  
Address  
Tampa, FL 33603  
City/ State and Zip Code  
arichards@oldILawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleida Richards at ( 813 ) 230-9914  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                     |                                                                                                                                       |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Darrigo, Diaz + Jimenez, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000065755

(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:

Darrigo + Diaz, P.A.

The new 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)

4504 N. Armenia Ave  
Tampa, FL 33603

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

(City)

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 (1) (e), F.S.

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|     |                                 |                          |                          |                          |
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| 1)  | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|     | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2)  | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 3 ) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|     | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4)  | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 5)  | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 6)  | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|     | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than date this document was signed.

Effective date if applicable: 4/11/20  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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

by \_\_\_\_\_,"  
(voting group)

Dated April 29, 2020  
Signature [Handwritten Signature]  
(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)

Nadine S. Diaz  
(Typed or printed name of person signing)  
Managing Partner/VP  
(Title of person signing)