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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CADEMY OF COLLABO	RATIVE PROF	FESSIONALS, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Robert J. Merlin, Esquire			
	(Name of Contact I	Person)	
Robert J. Merlin, P.A.			
	(Firm/ Compar	ny)	
95 Merrick Way, Suite 420			
	(Address)		
Coral Gables, Florida 33134			
	(City/ State and Zip	Code)	
csuarez@merlinlaw.com			
E-mail address: (to	be used for future annual re	port notificatio	n)
For further information concerning this matter,	please call:		
Carmela Suarez	а	305 t	448-1555
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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FLORIDA ACADEMY OF COLLABORATIVE PR	OFESSIONALS, INC.	0.0
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N10000010348		
(Documer	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	p:	
(Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street address)
<u> </u>		
	(City)	Florida (Zip Code)
	·	(Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept t	he obligations of the position.
	Signature of New Register	red Agent, if changing

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) × Change Add	<u>P</u>	Robert J. Merlin	95 Merrick Way Suite 420
Remove 2) × Change Add	<u>S</u>	Christen C. Ritchey	Coral Gables, FL 33143 2424 North Federal Highway Suite 456
Remove 3) × Change Add Remove	<u>T</u>	Sonya Johnson	Boca Raton, Florida 33431 3030 North Rocky Point Drive Suite 150 Tampa, Florida 33607
4) Change Add	PElect	Robert J. Merlin	95 Merrick Way Suite 420
 X Remove 5) Change Add 			Coral Gables, Florida 33134
Remove 6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	Tulu	13 2021			if other then the
date this document was signed.		13,2021 13,2021 after amendment file			if other than the
Effective date if applicables	Tulu	137021			
Effective date <u>if applicable</u> :	ore than 90 days	after amendment file	e date)	 	
Note: If the date inserted in this block does not a					1 1 4 4 1 4

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

]	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated $\frac{July 26,2021}{\sqrt{26,2021}}$
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Robert J. Merlin
	(Typed or printed name of person signing)
	President

(Title of person signing)