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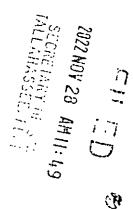
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shery | Zust Sherying Zust, P.A. 4649 Clyde Morris Blvd Suite 610 Port Orange, FL 32129 City/ State and Zip Code For further information concerning this matter, please call: Shery/ Zust at (386) 258-3900

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

A. of State

Sheryl S. Zust, P.A.

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

(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:

Zust Luw Firm	P.A	The nev
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	· "Co". A professional corpora	rated" or the abbreviation "Corp., tion name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered office agent and/or the new registered office agent age		he name of the
new registered agent and/or the new registered office Name of New Registered Agent		he name of the
new registered agent and/or the new registered office Name of New Registered Agent	ce address:	he name of the, Florida(Zip Code)
Name of New Registered Agent Name of New Registered Agent	(Florida street address) (City)	, Florida(Zip Code)

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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.

X Change	<u> P1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Kevin Zust	4649 S. Clyde Morris Blv
_✓ Add			Suite 610
Remove			Port Orange, FL 32129
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			.
Add			
Remove			
6) Change	· 		
Add			
Remove			

NA	sheets, if necessary)	. [Be specific)			
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The date of each amendment(s) ado	ption:	, if other than th
date this document was signed.	//	
Effective date <u>if applicable</u> :	12/1/22	
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blocdocument's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	ved by the shareholders through voting groups. The fach voting group entitled to vote separately on the amount	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
	//	
Dated	11/21/22	
	11/ 12	
Signature	Muy find	<u>. </u>
	ctor, president or other officer - if directors or officer	
	by an incorporator – if in the hands of a receiver, trust fiduciary by that fiduciary)	ee, or other court
арроппес		
	Sheryl Zust	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	_