## P02000086290

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Gary L. Jaarda, P.A. P02000086290 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary L. Jaarda Name of Contact Person Gary L. Jaarda, P.A. Firm/ Company 1266 4th Street South Address Naples, FL 34102 City/ State and Zip Code gary@jaarda.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 248-7474

Area Code & Daytime Telephone Number Gary L. Jaarda 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section

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

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

## Articles of Amendment to Articles of Incorporation of

Gary L., Jaarda, P.A.

( <u>Name</u> )	of Corporation as curr	ently filed with the Flo	orida Dept. of State)	
P02000086290				
	(Document Numb	er of Corporation (if kn	iown)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corp</i>	poration adopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>		
N/A			$T_{i}$	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co"	. A professional corp	rporated" or the abbreviation; poration name must contain i	Norp" ha word
R - Enter new principal office address	if annlicable:	N/A		2
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				
				2: 10
C. Enter new mailing address, if appl		N/A		0
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
D. If amending the registered agent ar	nd/ar revistered affice :	iddress in Florida, ent	ter the name of the	
new registered agent and/or the new			the name of the	
Name of New Registered Agent N/A				
	(Florida	i street address)		
New Registered Office Address:	N/A		Florida	
<u></u>		(City)	(Zip Cod	le)
New Registered Agent's Signature, if c	haraina Danistana As			
I hereby accept the appointment as regist	ered agent. I am famili	ent: ar with and accept the	obligations of the position.	
	Signature of Ne	w Registered Agent, if a	changing	
	\$	ing miles with	(1 17	

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 tule, 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>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PD	_	Gary L. Jaarda	1266 4th Street South
Add		_		Naples, FL 34102
Remove 2) Change	STD		Jeffrey S. Jaarda	1266 4th Street South
X Add		_		Naples, FL 34102
Remove 3) Change		<u></u>		
Add				
Remove		_		
Add				
Remove 5) Change		_		
Add				
Remove 6) Change		_		
Add				
Remove				

	E. If amending or adding additional Articles, enter change(s) here: (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)	N/A
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N/A	(if not applicable, indicate N/A)
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	adoption:	, if other than the
	I/A	
Effective date <u>if applicable</u> :	(no more than 90 days after am	endment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory   Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directo	rs without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes sufficient for approval.	es cast for the amendment(s)
	approved by the shareholders through voting gro for each voting group entitled to vote separately	
"The number of votes c	ast for the amendment(s) was/were sufficient for	approval
by		
	(voting group)	
David	7-21-20	
DatedSignature	A	
sele	a director, president or other officer – if directors sted, by an incorporator – if in the hands of a recointed fiduciary by that fiduciary)	
	Gary L. Jaarda	
	(Typed or printed name of person	signing)
	President, Director	
	(Title of person signing)	