P04000087784

(Re	questor's Name)	
(Ad	dress)	.,
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(Cit	y/State/Zip/Phon	e #)
PIÇK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SCHWARTZ & K.	AVEKOS, P.A.			
DOCUMENT NUMB	ER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ANGELIKI KAVEKOS				
		Name of Contact Persor	1		
	SCHWARTZ & KAVEKOS, P.A.				
		Firm/ Company			
	6803 Lake Worth Road, Suite	215			
		Address			
Greenacres, Florida 33467					
		City/ State and Zip Code	e		
	apk@elderlawsk.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Angeliki Kavekos		at (561) 966-1709		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The C 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

SCHWARTZ & KAVEKOS, P.A.

2022 AUG -9 AM 8: 04

(Name o	of Corporation as currently	filed with the Florida Do	ept. of State)
P04000087784			TALLAHASSEE, FL
· · · · ·	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A		d" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		•
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
			·
D. If amending the registered agent ar		ess in Florida, enter the n	ame of the
new registered agent and/or the nev	ANGELIKI KAVEKOS		
Name of New Registered Agent	ANOCCINI NAVENOS		
	6803 Lake Worth Road, Sui	te 215	
	(Florida stre	et address)	
New Registered Office Address:	Greenacres		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accent the obligati	ons of the position
r nerving accept the approximation as region		an and accept the oragine	many me promism.
/	1 // /~	_	
(/	Vareno.	7	
	Signature of New Re	gistered Agent, if changing	र

Check if applicable

LI 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>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>	Name	Address
1) Change	PS	DAVID R. SCHWARTZ	6803 Lake Worth Road, Suite 215
Add		-	Greenacres, FL 33467
Remove	ne	ANCELIELV AVEVAS	6803 Lake Worth Road, Suite 215
2) Change	PS	ANGELIKI KAVEKOS	
🔀 Add			Greenacres, FL 33467
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding addition Attach additional sheets, if neo	essary). (Be specifi			
				
				
f an amendment provides for				es,
<u>provisions for implementing</u> (if not applicable, indicate	the amendment if no v N/4)	ot contained in the a	mendment itselt:	
"			•	
	•			

The date of each amendment(s) adoption:	, if other than th
June 30, 2022	
Effective date if applicable:	
(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 vidocument's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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):	2022 AUG
"The number of votes cast for the amendment(s) was/were sufficient for approval	9
	(√.(<u>)2==</u>
(voting group)	M 8: 04
August 4, 2022	~ 0
Signature Lewchoz	
(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)	
ANGELIKI KAVEKOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	