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(Re	equestor's Name)	
(Ac	ddress)	
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(Bu	usiness Entity Nan	ne)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: CYNTHIA A. OU	ELLETTE, PA	
DOCUMENT NUMBE	CR:		
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	YNTHIA ANN ARTALE		
		Name of Contact Person	1
C	CYNTHIA ANN ARTALE,	PA	
		Firm/ Company	
1	7887 COURTSIDE LAND	INGS CIRCLE	
_	· · · · · · · · · · · · · · · · · · ·	Address	
P	PUNTA GORDA, FL 33955		
_		City/ State and Zip Cod	e
CYNA	RTALE@COMCAST.NET		
	-	sed for future annual report	notification)
	`	•	
For further information	concerning this matter, pleas	se call:	
CYNTHIA ARTALE		at (239	
Name of	ne of Contact Person Area Code & Daytime Telephone N		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)
Mailing Address			<u>Address</u>
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

CYNTHIA A. OUELLETTE, PA				
(Name o	of Corporation as currently	filed with the Florida De	pt. of State)	
P04000089822				
	(Document Number of C	Corporation (if known)	<u>-</u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation	adopts the following an	nendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
CYNTHIA ANN ARTALE, P.A.			Th	e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpo		viation
B. Enter new principal office address. (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>			SECRE IN A SEC	2018 JUN 20 7
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the na	ame of the	五 元 元 元
Name of New Registered Agent	CYNTHIA ANN ARTALE		 ಹಗ	439
	17887 COURTSIDE LAND	INGS CIRCLE		
	(Florida street	address)		
New Registered Office Address:	PUNTA GORDA		. Florida	
	(C	ity)	Zip Code)
New Registered Agent's Signature, if & I hereby accept the appointment as regist	ered agent. I am familiar wit	h and accept the obligation		

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.

X Change	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PVST	CYNTHIA A OUELLETTE	17887 COURTSIDE LANDINGS
Add			PUNTA GORDA, FL 33955
X Remove			
2) Change	PVST	CYNTHIA ANN ARTALE	17887 COURTSIDE LANDINGS
X Add	- · · - ·		CIRCLE
Remove			PUNTA GORDA, FL 33955
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	······································
f an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) a	adoption:	_ if other than the
date this document was signed.		
6/2	25/18	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	"	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
Dated Signature (By a selection	director, president of other officer if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) CYNTHIA ANN ARTALE	-
	(Typed or printed name of person signing)	·- ·- ·-
	PRESIDENT	
	(Title of person signing)	