P050000 30113

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Judith K Taylor PA						
DOCUMENT NUMBER: P05000030113						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:				
	Gina Pesano					
	Name of Contact Person					
	Firm/ Company					
	1645 Highland Parkway					
		Address				
	St Paul, MN 55116					
	City/ State and Zip Code					
	gina_1116@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Gina Pesano		at (<u>952</u>	215-7397			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment

to

Art	ticles of Incorporation	
Jud: 4h	K-Taylor PA	
(Name of Corporation	as currently filed with the Florida Dept. of State)	
P05	5000030113	
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name must c	The new eviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		1: 62
Name of New Registered Agent		بن
	(Florida street address)	. .
New Registered Office Address:	, Florida	(Zip Code)
		,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the posi	tion.
	re of New Registered Agent, if changing	
Mgnatur	ге од меж кедімегса лдені, іј спандінд	

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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	Gina Pesano	1645 Highland Parkway
X Add			St Paul, MN 55116
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamaya			

The state of the s	(Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

, .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	24.2020	
Effective date <u>if applicable</u> :	-24-2020	
<u></u>	(no more than 90 days after amendment file day	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	ents, 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 directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09-24-2	020	
Dated		
Signature <u> </u>	Cerin Eclipano do Jud	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, o pinted fiduciary by that fiduciary)	u u
	Gina E Pesano	
	(Typed or printed name of person signing)	
	Estate Personal Representative, Successor Trustee	
	(Title of person signing)	

Inst. Number: 202041094110 Page 1 of 1 Date: 9/4/2020 Time: 9:30 AM Angelina "Angel" Colonneso Clerk of Courts, Manatee County, Florida

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT IN AND FOR MANATEE COUNTY PROBATE DIVISION

IN RE: ESTATE OF

JUDITH K. TAYLOR,

Deceased.

/

LETTERS OF ADMINISTRATION

(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, <u>JUDITH K. TAYLOR</u>, a resident of Manatee, Florida, died on August 7, 2020, owning assets in the State of Florida, and

WHEREAS, <u>GINA E. PESANO</u> has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare <u>GINA E. PESANO</u> duly qualified under the laws of the State of Florida to act as personal representative of the estate of <u>JUDITH K. TAYLOR</u>, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

FILED FOR RECORD

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CLERK: CIRCUIT COURT

STATE OF FLORIDAL SOUNTY OF MANATEE
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MANATE COUNTY CLERK DE COURT

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