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2021 JAN 11 PM 2: 42 SECRETARY OF STATE

2/14/21



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lisa Colletti, PA

DOCUMENT NUMBER: 20-3657880

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Colletti

Name of Contact Person

Firm/ Company

5390 SE 53rd Ave

Address

Stuart, FL 34997

City/ State and Zip Code

BuySellFLHome@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Vinson at (772 ) 215-7346

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

4

**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

## Articles of Amendment to Articles of Incorporation of

FILED

Lisa Colletti, PA

2021 JAH 11 PM 2: 42

(Name o	f Corporation as current	ly filed with the Florida	Dept. of State) & STATE	
20-3657880 1	SMMA		HALLAHASSET, FL	
	(Document Number of	of Corporation (if known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	ion adopts the following amo	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
Lisa Vinson, PA.			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporate	ated" or the abbreviation "C	Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX)  ad/or registered office add		e name of the	
Name of New Registered Agent				
	5390 SE 53rd Ave			
	_	reet address)	34997	
New Registered Office Address:	Stuart	(Cir.)	, Florida	· <del></del>
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar			
Charle if applicable	Signature of New I	agaicrea ngem, y enung	>*****	
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>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Lisa Vinson	5390 SE 53rd Ave Stuart, FL 3499
Add			Lisa got married 2/29/2020
Remove			(New last name)
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be	specific)	
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n amendment provides for an exchange	, reclassification, or c	cancellation of issued shares,
ovisions for implementing the amendme	ent if not contained in	the amendment itself:
(if not applicable, indicate N/A)	11	
	NIA	

The date of each amendment		1-5-20,		, if other than
date this document was signed.  Effective date if applicable:		1-5-202		
•	(	(no more than 90 days afte	r amendment file date	)
Note: If the date inserted in the document's effective date on the			ory filing requiremen	ts, this date will not be listed as
Adoption of Amendment(s)	(CHE	CK ONE)		
The amendment(s) was/were action was not required.	e adopted by the inc	corporators, or board of di	rectors without shareh	older action and shareholder
☐ The amendment(s) was/wern by the shareholders was/we			f votes cast for the am	endment(s)
☐ The amendment(s) was/wern must be separately provided				
"The number of votes	cast for the amend	ment(s) was/were sufficier	it for approval	
by	١	g group)		
	(voting	g group)		
Dated	1-5-2	021		
Signature	- Cont	June		
sel		ent or other officer – if dire porator – if in the hands of y that fiduciary)		
	(T)	YSA VINSOR	rson signing)	
		resident		
	(Ti	itle of person signing)		

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