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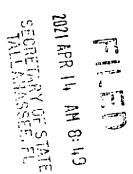
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DECARLO QUAR	ANTA P.A.				
DOCUMENT NUM	IBER: P06000018893					
The enclosed Article	s of Amendment and fee are sub	omitted for filing.				
Please return all corr	espondence concerning this mat	ter to the following:				
	Jeffrey De Carlo					
	Name of Contact Person					
	JEFFREY D. DECARLO, P.A.					
	Firm/ Company					
	345 Ocean Drive, # 517					
	·- · · · · · · · · · · · · · · · · · ·	Address				
	Miami Beach, FL 33139					
	City/ State and Zip Code					
	jefl@decarlolaw.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Jeffrey De Carlo		at (572-0065			
Name of Contact Person Area Code & Daytime Telephone			le & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

2021 APR 14 AM 8: 49

DECARLO QUARANTA P.A.

SECRETARY OF STATE TALLAHASSEE, FL

(<u>Name o</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
P06000018893			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
JEFFREY D. DECARLO, P.A.		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		345 Ocean Drive, # 517	
		Miami Beach, FL 33139	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		345 Ocean Drive, # 517	
		Miami Beach, Ft. 33139	
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	Jeffrey D. De Carlo		
rame by the st magnitude on tigging	345 Ocean Dr. # 517		
	(Florida s	treet address)	
New Registered Office Address:	Miami Beach	, Florida	
New regimered Cypice Hadress.		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agen tered agent. I am familiar	nt: with and accept the obligations of the position.	
	John &	de Carlo	
	→ Signature of New	Registered Agent, if changing	

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>	<u>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	<u>\$V</u>	Şally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) N/A Change		_		
Add				<u> </u>
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				
Kemove				

E. If amending or a (Attach additional	dding additional Arti sheets, if necessary).	icles, enter chang (Be specific)	e(s) here:			
N/A	onetis, y necessary,	ine specific)				
						
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						<u></u>
F. If an amendment	provides for an exch	ange, reclassifica	tion, or cancella	tion of issued sh	ares,	
provisions for in	nplementing the ame table, indicate N/A)	ndment if not cor	tained in the am	endment itself:		
N/A	mine in the contract of the co					
						
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T	March 7, 2021		
The date of each amendment(s) adoption:			, if other than the
date this document was signed.			
N/A			
Effective date if applicable:			
	(no more than 96) days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the application of State's records.	able statutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or b	oard of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient (number of votes cast for the amendment(s)	
The amendment(s) was/were approved by must be separately provided for each vot		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/wer	e sufficient for approval	
by		•	
((voting group)		
April 14, 2021 Dated	<u> </u>		
Signature	J-De	Calo	
		er - if directors or officers have not been	
		hands of a receiver, trustee, or other court	
• •	iary by that fiduciary)	/	
	effrey	De Carlo	
	(Typed or printed n	name of person signing)	
	·	rt/Owner	
	(Title of person sig	ពភេឌ)	