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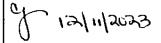




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANTHONY ANIK PA
DOCUMENT NUMBER: PO 60000 2 5 8 2 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANTHONY ANIK Name of Contact Person
Firm/ Company
507 5 TH TERRACR
P21M BRACH GARdONS, FL 33448 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDY SIEGERMAN at (561) 232-2080
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status Certificate of Status Certified Copy (Additional Copy is enclosed)
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. Monroc Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

2023 1134 27 AM 7.00

- ANTHONY ANIK	PA	40431. 11 Z.F. R.F. 7: 26
(Name of Corporati	ion as currently filed wi	th the Florida Dept. of State)
	ment Number of Corporat	•
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Pr	rofit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:	
CHOUAIB ANIK, P.	A	
me must be distinguishable and contain the word "contain or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	orporation," "company,"	or "incorporated" or the abbreviation "Corp.," onal corporation name must contain the word
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Flor	rida, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent. I	(City)	
Signal	ture of New Registered Ag	pent 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

	icles, enter change(s) here (Be specific)			
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	ange, reclassification, or ca	incellation of issued	shares.	
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provisions for implementing the amer	dment if not contained in	the amendment itse	· E •	
If an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in	the amendment itse	<u></u>	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in	the amendment itse	<u></u>	
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The date of each amendment(s) adoption:	, if other than the
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 will necessarily document's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	nareholder
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president of 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)	
CHOUAIB ANIK (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	