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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MELANIE A. BERNCY PA				
DOCUMENT NUMBER: <u>P06000144429</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Melanie A. Provincher Name of Contact Person				
Firm/Company 19 Westlawn Place Address				
Palm COast, Fr. 321U4 City/ State and Zip Code				
Melanteannebernette amail Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Melanie A. Provencher at (386) 931-8173 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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation

2021 MAR -5 PM 12:50 Melanie A Berney PA
(Name of Corporation as currently filed with the Florida Dept. of State)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:		
A. If amending name, enter the new name of the corpora	ation:	
Melanie A. Prou	iencher PA	Thenew
name must be distinguishable and contain the word "corpora". "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co". A professional corpor	orated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> .	<u></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 of new registered agent and/or the new registered office	fice address in Florida, enter address:	the name of the
Name of New Registered Agent		
	lorida street address)	
New Registered Office Address:	(City)	. Florida <i>(Zip Code)</i>
,	,	,
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent: Camiliar with and accept the ob-	ligations of the position.
Signature	of New Registered Agent, if cha	inging

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>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
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4) Change				
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5) Change				
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6) Change		_	,	
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Attach additional sheets, if necessary).	icles, enter chang (Be specific)			
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an amendment provides for an excluroryisions for implementing the anu	nange, reclassific	ation, or cancella	<u>tion of issued sh</u> randmant itsalf:	<u>ares,</u>
(if not applicable, indicate N/A)	ardinent ir not co	mameu m ene an	rendment usen.	
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			<u> </u>	

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for flicient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The fee each voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated2 //4	5/2021 Elanie G. Priverchen	
S	elanci li Priverchen	
(By a di	rector, president or other officer – if directors or officers	s have not been
	l, by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary)	ec, or other court
аруюнн		
	MClanic A. Provenche (Typed or printed name of person signing)	9.7
	(Typed or printed name of person signing)	
	Poecident	
	(Title of person signing)	