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A. BUTLER CCC 18 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: AVIVA'S SERVIC	CES & PROCESSING COF	RP
DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am		bmitted for filing.	
Please return all corresponde	nce concerning this ma	atter to the following:	
YULI	E NIBOT		
		Name of Contact Person	1
		Firm/ Company	.
2550.3	MW 72 AVE CUITE 23	Address	
2550 {	NW 72 AVE SUITE 31	City/ State and Zip Code	<u> </u>
- <u>-</u> E	-mail address: (to be us	sed for future annual report	notification)
For further information conc	erning this matter, plea	se call:	
YULIE NIBOT		at (³⁰⁵	316-38455
Name of Con	tact Person		de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AVIVAS SERVICES & PROCESSING CORP	1 15	LU
(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
P07000095441	2023 r:UY 2.7	PM 2: 36
(Document Numl	per of Corporation (if known)	STATE
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	∮ (*\ '= -	
. If amending name, enter the new name of the corporation	<u>1:</u>	TI.
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "I	". A professional corporation name must cor	The new ation "Corp.," atain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the ress:	
Name of New Registered Agent		
(Floria	a street address)	
	,	
New Registered Office Address:	, Florida, (City)	ip Code)
ew Registered Agent's Signature, if changing Registered Ag	gent:	
hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the positio	n.
Sion string of M.	au Bouistanad Amout if alimining	
Signature of Ne	w 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment prov rovisions for implen	ides for an exchan	ige, reclassificat	ion, or cancellati	on of issued share:	<u>s,</u>
(if not applicable,	indicate N/A)	Ment if not con-	ained in the aine	nument itsen.	
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-				-	
			<u>. </u>		
					
				 	

The date of each amendment(s) adoption:
Effective data if anni-limbia.
(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 not be listed as the document's effective date on the Department of State's records.
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.
☐ 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)
11/21/2023 Dated Signature
(By a director, president or 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)
YULIE NIBOT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)