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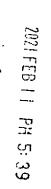
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	SHIRLEY RIGO	P.A.	-
DOCUMENT NUMBER:	P08000097960		
The enclosed Articles of Amendm	ent and fee are sub	omitted for filing.	
Please return all correspondence co	oncerning this mat	ter to the following:	
SHII	RLEY RIGO		
		Name of Contact Perso	on
SHI	RLEY RIGO P.A.		
		Firm/ Company	
235	7TH AVE NE		
		Address	
ST.	PETERSBURG, F	FL. 33701	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	de
E-mail	address: (to be use	ed for future annual repor	t notification)
For further information concerning	this matter, please	e call;	
SHIRLEY RIGO		at (<u>727</u>	894-7446
Name of Contact P	erson		ode & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made p	payable to the Florida Dep	partment of State:
——————————————————————————————————————	75 Filing Fee & ficate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C 2415	t Address Idment Section Idment Sect

Articles of Amendment to Articles of Incorporation of

SHIRLEY RIGO P.A.

(Name of Corporation as curr	rently filed with the Florida D	ept. of State)	
P08000097960			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	adopts the following amend	linent(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
		The	ien'
name must he distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation	ed" or the abbreviation "Corp in name must contain the w	o" ord
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_
(Albert Wall of the Albert Wall		2ũ	
			_ ::
6 6 10 10 11 16 10 11		· , a	:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·	
(mailing address MAT BE A POST OFFICE BOX)		-0	
		. żi	• .
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D. If amounting the arrivaged was a sudden well-to-ed-60-		<u>ب</u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		name of the	
new registered agent and/or the new registered office add	<u> </u>		
Name of New Registered Agent			
	da street address)		
(Fibria	ua sireei uaaress)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent's	gent.		
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligat	ions of the position.	
- · · · · · · · · · · · · · · · · · · ·			
Signature of Ne	ew Registered Agent, if changin	ng	
Check if applicable	71.13.7.5. P.O.		
☐ 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP ———	JOY RUDNICKI ESQ.	235 7TH AVENUE NE
Add XXX Remove			ST. PETERSBURG, FL. 33701
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	g or adding additi itional sheets, if ne	cessary). (Be specific)				
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<u>f an amen</u>	dment provides fo	or an exchan	ge, reclassific	ation, or cance	llation of issu	ued shares,	
provision:	for implementing applicable, indicate	g the amend	ment if not co	ntained in the	amendment	<u>itself:</u>	
(if not	applicable, indicat	te N/A)					
	· · · · · · · · · · · · · · · · · · ·						
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The date of each amendment	•	, if other than the
date this document was signed.	02/04/2021	
Effective date if applicable:	(no more than 90 days after amendment file date	j
	his block does not meet the applicable statutory filing requirement the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the arrere sufficient for approval.	mendment(s)
	e approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	2/8/2/	
Dated	014	
Signature	SHIE VERN	
(B)	y a director, president or other officer - if directors or officers have	
	lected, by an incorporator – if in the hands of a receiver, trustee, or bounded fiduciary by that fiduciary)	other court
пр	•	
	SHIRLEY RIGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	