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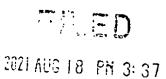
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIANE RACIOPE	PO, P.A.		
DOCUMENT NUMB	P090000699 47	-	· <u></u> ·	
The enclosed Articles of	f Amendment and fee are su	abmitted for filin	g.	
Please return all corresp	ondence concerning this ma	itter to the follow	ving:	
I	DIANE E. LYNCH			
_		Name of Cor	itact Person	
-	···	Firm/ Co	mpany	
I	P.O. BOX 392			
_		Addr	ress	
(GREEN COVE SPRINGS, F			
		City/ State an	nd Zip Code	
d	ianedelivershomes@gmail.c	com		
	E-mail address: (to be us	sed for future an	nual report	notification)
For further information	concerning this matter, plea	se call:		
DIANE E. LYNCH		at (904	314-7300
Name of	Contact Person		Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the F	lorida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional of enclosed)	рру	■ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314		Division The Ce 2415 N	Address ment Section of Corporations of Tallahassee Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



DIANE RACIOPPO, P.A.

(Name	of Corporation as curren	tly filed with the Florid	a Dept. of State) CONSTATE
P09000069947			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	(Document Number	of Corporation (if knowr	1)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	: Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
DIANE E. LYNCH, P.A.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp. " "Inc," or "Co".	A professional corpora	ated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 392	
		GREEN COVE SPR	INGS, FL 32043
D. If amending the registered agent ar	rd/or registered affice add	trass in Klarida, antar t	ha name of the
new registered agent and/or the ne			ne name wrene
Name of New Registered Agent	DIANE E. LYNCH		
Name by New Augmereu Agent	3626 DORAL COURT		
	(Florida s	reet address)	
New Registered Office Address:	GREEN COVE SPRING	S	32043
		(City)	, Florida(Zip Code)
		•	, ,
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the oblig	gations of the position.
~~ ·	. pp.	1	
	are Cource	Registered Agent, if chan	ging
	V		
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)

Example:

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	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>	Name	<u>Addres</u> s
1) X Change	PRES	DIANE E. LYNCH	3626 DORAL CT
Add			GREEN COVE SPRINGS
Remove			FLORIDA, 32043
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
rovisions for implementing the amen-	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·-	

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
· · · · · · · · · · · · · · · · · · ·	(voting group)
August Dated	13, 2021
Signature	director, president or other officer – if directors or officers have not been
selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	DIANE E. LYNCH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)