## P10000074892

(F	Requestor's Name)				
(Address)					
( <i>F</i>	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: JOCACY DOCUMENT NUMBER: P10000	a Jarrell, P.A.	15 WH 30
The enclosed Articles of Amendment and fee are sub	omitted for filing.	7 1
Please return all correspondence concerning this mat	ter to the following:	PM 12: 1-5
Rach	2	5
Jordana	Name of Contact Person Sarre II P. A. Firm/ Company	
5301	N. Federal Highw	ay, Site 190
Boca Rate	Address ON FL 33487 City/ State and Zip Code	
Joedaha Germail address: (to be use	Sarrellaw comed for future annual report notification)	
For further information concerning this matter, please	e call:	
Rachel	at (	7107
Name of Contact Person	Area Code & Daytime Telep	inone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

A self-class of A many descent
Articles of Amendment to
Articles of Incorporation
of A See E
Jordana Sarrell, P.A. 3
(Name of Corporation as currently filed with the Florida Dept. of State)
P100007489Z
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NI/A
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the
530/ N Federal 400 Suite 190
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Boca Raton, FL 33487
-00ca - 50001, 1 = 02 10 1
C. Enter new mailing address, if applicable: 530 1 N Teslac 11 5 14 190
(Mailing address MAY BE A POST OFFICE BOX) 530 N. Federal Hwy, Wite
Boca Rator, FL 33487
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent · N/A
5301 N redeal How site 190
(Florida street address)
New Registered Office Address: Boca Raton Florida 33487
New Registered Office Address: DOCA Ka70V Florida (Zip Code)
(=.5)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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 <math>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.

	e, una ba	11) Simility St. Cas Cit. Mada.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add	Title	Sarrell, Jordana	Address  5301 N. Federal Hwy, Suite C  Boca Raton, FL 33487
Remove 2) Change Add			
Remove 3)Change			
Add			
4) Change Add			
Remove			
5) Change Add	-		
Remove 6) Change			
Add	<u> </u>		
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)	<del></del>		
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an amendment	provides for an exch	ange, reclassificati	on, or cancellatio	n of issued share	<u>2S,</u>
rovisions for in	nplementing the ame	ndment if not conta	iined in the amen	dment itself:	
— (іј пог аррис	cable, indicate N/A)	•			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	,,,
by(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
Dated	
(By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Jordana Sax	211
(Typed or printed name of	person signing)
(Title of perso	signing)