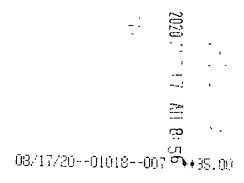
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# **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: \_ 2000026139 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kellie Smith Firm/ Company for filture annual report notification) For further information concerning this matter, please call: at (954) 290 - 9076 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

EFFECTIVE DATE	Ξ	F	F	E	$C^{-}$	Tl	V	E	D	A	T	E
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Articles of Ar	пенамен	
to Articles of Inco	orporation	: 4 A 1 2020
of	F	× de la
Kellie Ordway P	Д	· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as currently	filed with the	e Florida Dept. of State)
(Document Number of	Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit (	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Kellie Smith PA		The
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
	<del></del>	2£50

			•
C. Enter a	new mailing address, if applicable:	1	
	g address MAY BE A POST OFFICE BOX)	N/A	
		,	<u> </u>
			<u> </u>

w registered agent and/or the new	registered office address:		
Name of New Registered Agent	Kellie Smith		
	Same		
	(Florida street address)	-	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)

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.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>PT</u>	John Do	<u>se</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Şally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Name Change	DP	_	Kellie Smith	Same
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	<del></del>	_		
Add				
Remove				
4) Change		<b>.</b>		
Add				
Remove				
5) Change		_		
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6) Change		_		
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Attaen <i>aaamonai si</i>	heets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	: Aug 15	2020		, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	Septemb	per 1,20	) ユ <i>()</i> ent file date)	
	(no more than 90	days after amendme	ent file date)	
Note: If the date inserted in this block does redocument's effective date on the Department o		able statutory filing	requirements, this date will no	ot be listed as the
Adoption of Amendment(s) (CF	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or be	oard of directors wit	hout shareholder action and sh	nareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of votes cas	t for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	ndment(s) was/were	sufficient for appro	oval	
by	ting group)		·"	
(vo.	ting group)			
Dated8/15/30 SignatureKelo	) <del>3</del> 0			
Signature Kel	in Order	ay		
(By a director, pres	sident or other office orporator – if in the	er –(i∮ directors or of	ficers have not been trustee, or other court	
Ke	Clie Ordi (Typed or printed na	NACY ame of person signin	ng)	<del></del>
Div	rector / P	iresident ing)	·	