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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SUSAN L. MOOR	E, PA	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	STEFANI MACHIELA		
•		Name of Contact Person	1
į	STEVEN H. MACHIELA, C	PΑ	
-		Firm/ Company	
	860 S. STATE RD 7, SUITE	1	
•		Address	
	WELLINTON, FL 33414		
-		City/ State and Zip Cod	e
		,	
-	STEFANI@SHMCPA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
STEFANI MACHIEL	Α	at (⁵⁶¹	964-8182
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810	

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Articles of Amendment to Articles of Incorporation of

to

SUSAN L. MOORE, PA

SUBATUE. MOOKE, 171	an en a sul al District Desar of State		
\ <u>\</u>	rently filed with the Florida Dept. of State	:)	
P12000036004			
(Document Numb	ber 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 amendment	(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>		
SUSAN MOORE SKULNIK, PA		The new	
name must be 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 name mus.	breviation "Corp.," t contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	NA	2072 AU	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add			
Name of New Registered Agent NA		 	
(Floria	da street address)		
100 A/ W	Florida		
New Registered Office Address: N Y	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami Signature of No.	gent: iliar with and accept the obligations of the p lew Registered Agent, if changing	osition.	
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>	<u>Name</u>	<u>Addres</u> s
1) X Change	DTR	MOORE SKULNIK, SUSAN	7748 DORCHESTER RD
Add			BOYNTON BEACH, FL 33472
Remove			
2) Change	•		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Figure 1: If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NMA)	6	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A	
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	provisions for implementing the amendment if not contained in the amendment itself:	
NA	(if not applicable, indicate N/A)	
	MA	
		•

The date of each amendment(s) a date this document was signed.	doption: 11/y 29, 2077	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement pepartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the an ufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by SUSAN MOORE SK	ULNIK "	
<u> </u>	(voting group)	
selecte	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	