## P12000089568

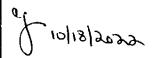
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Law Office A Clist Curtis And Association Pil
DOCUMENT NUMBER: \$\frac{P12000089568}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clint Curtis Name of Contact Person
Law Offices of Clint Curtis 11 nd Associates. PA
4/16 Pahlin Ave
Address  7 itus ville FL 32796  City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for linture annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at ( 689 ) 263 - 0646  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Cortificate of Status  Certified Copy  (Additional copy is enclosed)  \$43.75 Filing Fee & Status  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (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

## Articles of Amendment

## to Articles of Incorporation of

LAW OFFICES OF CLINT CURTIS AND ASSOCIATES, P.A.

2022	12	7:11		
	12	7	11:	4:5

(Name of Corporation as curren	atly filed with the Florida Dept. of State)
P1200008956	
(Document Number	of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
Law Office of Clint	Curtis, Inc. The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
Enter new principal office address, if applicable; riscipal office address <u>MUST BE A STREET ADDRESS</u> )	
Same	
The state of the s	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Law Office of Clint Cutis, I
	P. U. Box 111
	Titusuille, FL 32781
If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida sti	reet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agent	•
ereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
^	
Signature of Man. D	enistered forms if should be
	egistered Agent, if changing
seek if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	(e), F.S.

52 m

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	PT	John Doc	
X Remove	¥	Milce Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>-</u>		<u> </u>
Add			
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
<del></del>	
17.7	
	<del></del>
an amendment provides for an exchange, reclassification, o	er concellation of issued shares.
an amendment provides for an exchange, reclassification, or	er cancellation of issued shares.
rovisions for implementing the amendment if not contained	er cancellation of issued shares, I in the amendment itself:
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The date of each amendment(s) ac	option:	, if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing seartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoraction was not required.	sted by the incorporators, or board of directors with	hout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were sur	sted by the shareholders. The number of votes cast licient for approval.	for the amendment(s)
The amendment(s) was/were approvided for a	oved by the shareholders through voting groups. It ach voting group entitled to vote separately on the	The following statement camendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for appro	val
by	(voting group)	.**
	(voting group)	
Dated 6	7-07-2022 1-07-2022	
(By a dir	octor, president or other officer — if directors or off by an incorporator — if in the hands of a receiver, d fiduciary by that fiduciary)	icers have not been trustee, or other court
-	Clint Coff, C	<u>s)</u>
-	(Title of person signing)	