P12000 090 436

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Kimberly Costantin	ni, PA	· -
DOCUMENT NUM	P12000000436		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Kimberly Costantini		
		Name of Contact Person	1
	Kimberly Costantini, PA		
	• • •	Firm/ Company	
	15198 Briar Ridge Circle	· ········ · · · · · · · · · · · · · ·	
		Address	
	Fort Myers, FL 33912		
		City/ State and Zip Code	
		City/ State and Zip Code	
KimC	C@premiersir.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Kimberly Costantini		at (233-9035
	of Contact Person	at (_)
Name	or Contact reison	Aica Col	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mai</u>	iling Address	Street A	Address
	endment Section	Amendment Section	
	ision of Corporations		n of Corporations
	. Box 6327 ahassee: FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

αf

Kimberly Costantini, PA				
(Name)	of Corporation as currentl	y filed with the Florida Dept	. of State)	
P12000090436				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ad	lopts the following amenda	ment(s)
A. If amending name, enter the new n	ame of the corporation:			
			The n	ew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpora	rated" or the abbreviati	on
B. Enter new principal office address,		15198 Briar Ridge Circle	超 6	
(Principal office address <u>MUST BE A S</u>		Fort Myers, FL 33912	10	
			0.0	T
		<u></u>		- ご
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		15198 Briar Ridge Circle	Q	
		Fort Myers, FL 33912	£1 0	-
				_
D. If amonding the registered agent or	ad/on magistomed office adds	and in Florida, autor the name		_
If amending the registered agent ar new registered agent and/or the ne			re of the	
Name of New Registered Agent	Kimberly Costantini			
Name of their Register ewingen.	15198 Briar Ridge Circle			
	(Florida str	eet address)	· ·	
No. Books and Office All and	Fort Myers		33912	
New Registered Office Address:		(City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis.	tered agent. I am familiar v	with and accept the obligation.	s of the position.	
	Signature of New R	egistered 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Ņame</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

Attach additional sheets, if necessary).	(Be specific)
·	
. .	
	
<u>-</u>	
	the contract of the state of th
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	

The date of each amendment date this document was signed.	
_	11/17/2019
Effective date if applicable:	(no more than 90 days after amendment file date)
	this 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)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
11/17/	2019
Dated Signature	Slim Castantini
sc	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Kimberly Costantini
	(Typed or printed name of person signing)
	Owner/President
	(Title of person signing)