P13000034525

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: CALRIE MARSH	, P.A.		
DOCUMENT NUM	P13000034525		···	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	CALRIE MARSH			
		Name of Contact Persor	1	
	CALRIE MARSH, P.A.			
		Firm/ Company		
	10201 W SAMPLE ROAD			
	Address			
	CORAL SPRINGS, FL 33065			
		City/ State and Zip Code	e	
	C.MARSH@CALRIEMARS	SH COM		
	-	sed for future annual report	notification)	
	S 11.211 2241 2501 (10 00 20	,	,	
For further informati	on concerning this matter, pleas	se call:		
CALRIE MARSH		at (774-7624	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	ariment 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)	
Ar Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	fra		
CALRIE MARSH, P.A.				
(Name of Corporation	as currently filed with the Flo	orida Dept. of State)		
P13000034525		prida Dept. of State)		
(Docume	nt Number of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Florida Sts Articles of Incorporation:	Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s)		
. If amending name, enter the new name of the cor	poration:			
		The new		
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corp			
3. Enter new principal office address, if applicable:	10201 W SAMI	10201 W SAMPLE ROAD		
Principal office address MUST BE A STREET ADDR	CORAL SPRIN	CORAL SPRINGS, FL 33065		
C. Enter new mailing address, if applicable:		PLE ROAD		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	CORAL SPRING			
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ter the name of the		
Name of New Registered Agent CALRIE M. 1	MARSH			
10201 W SA	MPLE ROAD			
	(Florida street address)			
CORAL SPR	INGS, FL	, Florida 33065		
New Registered Office Address:				

New Registered Agent's Signature, it changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

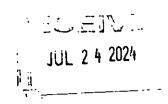
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l)Change		_	
Add			
Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if neces.	al Articles, enter chi sary). (Be specific))		
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If an amendment provides for a	in exchange, reclass	ification, or cancell	ation of issued shar	es,
provisions for implementing the	e amendment if not	t contained in the a	mendment itself:	
(if not applicable, indicate l	√A)			
· · · · · · · · · · · · · · · · · · ·				
				

	6/1/2024	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	1/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
• •	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	p.	
<u> </u>	(voting group)	
6/5/2024		
Dated		
Signature	(Lin Han).	
	director, president or other officer - if directors or officers have not b	een
	eted, by an incorporator - if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	CALRIE MARSH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	





July 2, 2024

CALRIE MARSH 10201 W SAMPLE ROAD CORAL SPRINGS, FL 33065

SUBJECT: CALRIE MARSH, P.A. Ref. Number: P13000034525

We have received your document for CALRIE MARSH, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 724A00014447

Anissa Butler Regulatory Specialist II

www.sunbiz.org