## P13000055469

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NATALIA LVOVNA BOLIZ PA
OCUMENT NUMBER: P13 D 0 0 0 5 5 4 6 9
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Natalia Berger ON Name of Contact Person BOITZ, NATALIA LVOVNA PA Firm/ Company
224 Syssex Gr Jubiter H  Address  Jupiter Fl 33458  City/ State and Zip Code  Natalaboltz Dyahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Natalia Bergeron at 561, 768 3940  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 S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation

NATALIA I.VOUNA	BOLTZ	PA		_
(Name of Corpor		filed with the Florida	Dept. of State)	
P13000055469				
(Dog	rument Number of (	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this F	lorida Profit Corporati	ion adopts the following an	nendment(s) to
A. If amending name, enter the new name of the				
NATALIA L BERGER	ON PA		Th	e new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	ic," or "Co". A			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )			<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered		ss in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:	((	City)	, Florida(Zip Code	<del></del>
		,	·	
New Registered Agent's Signature, if changing Follows I hereby accept the appointment as registered agent	<u>legistered Agent:</u> t. I am familiar wi	th and accept the oblig	ations of the position.	
Si	gnature of New Reg	gistered Agent, if chang	ing	

Check if applicable  $\Box$  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)

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.

Example: X Change	<u>PT</u>	John Do	<u>vc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sp	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add	_	_		
Remove				
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	additional Articles, if necessary).	(Be specific)			
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an amendment prov provisions for implen (if not applicable,	indicate N/A)	N/A			

. . .

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date if applicable:		<del> </del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendent for approval.	lment(s)
	d by the shareholders through voting groups. The following a voting group entitled to vote separately on the amendment(s	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
nguature	1014 23, 2024	
selected, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or oth duciary by that fiduciary)	
	/ATALIA L RERGERON (Typed or printed name of person signing)	
	by Tailor of prince name or person signing)	
	PKESIDEIVI	
	(Title of person signing)	