## P13000076863

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SOFIA M. DIAZ, P.A.					
DOCUMENT NUMBER: P13000076863					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Sofia M. Diaz				
-		Name of Contact Person			
	Sofia M. Diaz, P.A.				
•		Firm/ Company			
	7210 NW 4th Avenue				
•		Address			
	Boca Raton, FL 33487				
-	*	City/ State and Zip Code			
	sofia@sfluxuryrc.com				
-	E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please call:					
Sofia Nolan		at ( ) 706-7330			
Name o	f 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	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status 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

SOFIA M. DIAZ, P.A.

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P13000076863		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
SOFIA M. NOLAN, P.A.		The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word ."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7210 N.W. 4TH AVENUE
		BOCA RATON, FL 33487
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7210 N.W. 4TH AVEUNE
		<del></del>
		BOCA RATON, FL 33487
D. If amending the registered agent an	d/or rouistored office ad	duess in Florida, entanthe name of the
new registered agent and/or the new		
Name of New Registered Agent	SOFIA M. NOLAN	
	7210 N.W. 4TH AVENU	JE
	(Florida s	street address)
New Registered Office Address:	BOCA RATON	. Florida <sup>33487</sup>
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Pagistared Agai	nt.
		nt. r with and accept the obligations of the position.
	$\bigcirc$	
	X Lin M	2. Nolen
	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)

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>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	D	_	SOFIA M. NOLAN	7210 NW 4TH AVENUE
Add				BOCA RATON, FL 33487
Remove				
2) Change		_		
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
	<u> </u>
If an amendment provides for an exct	hange reclassification or cancellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	

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	09/11/2023	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this bl document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado action was not required.	sted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of vo	tes cast for the amendment(s)
	oved by the shareholders through voting greach voting group entitled to vote separately	
"The number of votes cast	or the amendment(s) was/were sufficient fo	r approval
by SOFIA M. NOLAN		••
-, <u></u>	(voting group)	
09/11/2023 Dated Signature	Sofia Mol	9 on/
	ector, president or other officer – if director, by an incorporator – if in the hands of a re	
	d fiduciary by that fiduciary)	trastee, or other court
	SOFIA M. NOLAN	
	(Typed or printed name of person	n signing)
	DIRECTOR	
	(Title of person signing)	