# P14000007854

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2023 APR 13 AM II: 10

# COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FILIPPU INCORVAIA P.A.	
DOCUMENT NUMBER: <u>P14 00 000785 4</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephen Guerrero  Name of Contact Person  Guerrero Law Group PLLC  Firm/ Company	
6600 COW PENRD	
MAMILAKES FL 33014  City/ State and Zip Code	
Espail address: (to be used for typure annual report notification)	SEC VT
For further information concerning this matter, please call:	RED
Stephen Guerrero at (954) 410 - 4338  Name of Contact Person Area Code & Daytime Telephone Number	ECRETARY OF STAT TALLAHASSEE, FL
Enclosed is a check for the following amount made payable to the Florida Department of State:	STA E, FI
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Cartificate of Status Certified Copy (Additional Copy is enclosed)	LE
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

2023 APR 13 AM 11: 10

## Articles of Amendment

to Articles of Incorporation

of		
Filippo Incorvaia P.A.  (Name of Corporation as currently filed with the Florida Dept. of State)  P14000007854		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P14000007854		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	"Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	TA	9023
	L S	APR
	ARY OF STANS	$\frac{1}{\omega}$
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	12 S	2
Name of New Registered Agent		AHII: 10
		0
(Florida street address)	111	
New Registered Office Address: , Florida ,		
(City) (Zip Ce	odei	
New Registered Agent's Signature, if 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)

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 Doc 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> <u>John D</u>	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> Sally S	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) Change	Director	Incorvaia Holding	s <u>ll</u> C
Add		,	127 n MAMI Are
_X_ Remove	<b>x</b> 1		MAMI FL 33/28
2) Change	Director	Filippo Incorvaia	127 n MAME Are
_X_ Add		• •	MIAMI FL 33/28 7
Remove 3 ) Change			HASSE
Add			WIII: I
Remove			- ALE
4) Change			
Add			
Remove			
51 Change	<del></del>	·	
Add			
Remove			
6) Change	<del></del>		
Add		·-·	
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
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		TALLAHASSEE
. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	i i
provisions for implementing the amo	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		<u> </u>
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(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

(a) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder

(Title of person signing)

The date of each amendment(s) adoption: 47: 10 203

(CHECK ONE)

document's effective date on the Department of State's records.

date this document was signed.

Effective date if applicable:

Adoption of Amendment(s)

action was not required.