P14000028444

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COVER LETTER

TO: Amendment Section

Division of Corporations *

NAME OF CORPORATION: Debra Ann Lynn, PA
DOCUMENT NUMBER: P14000028444
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Debbic Lynn-Schottke, Name of Contact Person
3610 Jellow Bird Court
St. Cloud, Fr. 34772 City/ State and Zip Code
Debbie @ Fl Home Selling, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbie Schottke a. 407, 908.6546
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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of the state of th	\mathbf{F}_{i}	20	
Depra Ann Lynn, P.A.		 22 	
(Name of Corporation as currently filed with the Florida Dept. of State)	, <u>\$</u> .	AY	 :
P14000028444	65 CH - 1	ω [
(Document Number of Corporation (if known)	re n	PH C	:)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	ollowing Thence	l me nt(s) ပာ မာ	to
A. If amending name, enter the new name of the corporation:			
Debra Lynn-Schottke, P.A.	The i	iew	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P,A."	reviation "Corp	p"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- - - -	
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:			
Name of New Registered Agent DEDra Han Schottke Blo Vellow Bird Ct (Florida street address)			
New Registered Office Address: St. Cloud (City), Florida	34772 (Zip Code)	\ -	
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 po	sition.		
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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P_	Debra Lynn-Schottke	3610 Yellow Bird (
Add			St Cloud, FL 3472
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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<u>f an amendment provides for an exc</u>	change, reclassifica	tion, or cancellation of i	ssued shares,	
- I DIO TOTAL CALL	ion/Imant it not con	tained in the amendmei	<u>it itself:</u>	
provisions for implementing the am		tamed in the amendmen		
provisions for implementing the am (if not applicable, indicate N/A)		taned in the Amendme		
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The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
"The number of votes cast for by Dated April Signature (By a dire selected, appointed)	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary) SCHOHKE	2022 MAY -3 PM 1:59 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	(Typed or printed name of person signing)	
<u> </u>	resident	
	(Title of person signing)	