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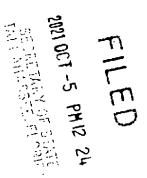
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

> <u>Mailing Address</u> Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	DRATION: Claudia Boeri P.A					
	IBER: P14000033380					
	s of Amendment and fee are su	abmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Claudia Boeri Kasslater					
		Name of Contact Perso	n			
	Claudia Boeri P.A					
		Firm/ Company	V			
	875 NW 108th Lane					
		Address				
	Coral Springs Fl 33071					
		City/ State and Zip Cod	e			
	claudiabocripa@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
Claudia Boeri Kassl	ater	954-557-64 at (	41			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

<u>Street Address</u> Amendment Section Division of Corporations

The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)  71.4000033380  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp" "Inc.," or "Co.", A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  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 registered office address.  Name of New Registered Agent  (Florida street address)  875 NW 108th lane Coral Springs Florida (Tap Code)  New Registered Office Address: (Clay)  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.	Claudia Boeri P.A			2021 OCT -5 PH 12 24
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  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 "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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  (Florida street address)  New Registered Office Address:  (Florida street address)  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:	(Name o	of Corporation as currently	filed with the Florida D	lent of State)
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Name of New Registered Agent    ClaudiaBoeri Kasslater   ClaudiaBoeri Kasslater	(Mailing address MAY BE A POST	<u>OFFICE BOX</u> )		
Name of New Registered Agent    ClaudiaBoeri Kasslater   ClaudiaBoeri Kasslater				
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Name of New Registered Agent  (Florida street address)  New Registered Office Address:  875 NW 108th lane Coral Springs (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:			ss in Florida, enter the	name of the
(Florida street address)  New Registered Office Address:  875 NW 108th lane Coral Springs (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:		·		
New Registered Office Address: 875 NW 108th lane Coral Springs Florida Florida Florida (City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent			<del></del>
New Registered Office Address: 875 NW 108th lane Coral Springs Florida Florida Florida (City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:		(12 - 1	a a the seal	<u> </u>
New Registered Office Address:  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:				33071
New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:			, Florida
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.		(		
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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if o	hanging Registered Agent:		
	I hereby accept the appointment as regis	tered agent. I am familiar wi	th and accept the obliga	tions of the position.

Signature of New Registered Agent, if changing

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)

\_Add

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: John Doe X Change $\underline{PT}$ X Remove <u>V</u> Mike Jones Sally Smith <u>SV</u> <u>X</u> Add Address Type of Action <u>Title</u> <u>Name</u> (Check One) 875 NW 108th Lane Claudia Boeri 1) \_\_\_\_ Change Coral springs FL 33071 \_\_\_\_ Add \_\_ Remove 875 NW 108th Lane Claudia Boeri Kasslater 2) \_\_\_\_ Change Coral springs FL 33071 $\_$ Add Remove 3) Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 5) \_\_\_\_ Change Add \_\_\_\_ Remove 6) \_\_\_\_ Change

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If an amendment prov	ides for an exchan	ge, reclassificati	on, or cancellatio	n of issued shares.	
provisions for implen	nenting the amend	ment if not conta	ined in the amen	idment itself:	
(if not applicable.	indicate N/A:				
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The date of each		if other than th
	10-01-2021	
Effective date <u>il</u>	f applicable:  (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the dat document's effective	te inserted in this block does not meet the applicable statutory filing requirements, this date will no ctive date on the Department of State's records.	ot be listed as th
Adoption of An	nendment(s) ( <u>CHECK ONE</u> )	
The amendme action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shot required.	areholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.	
☐ The amendme must be sepa	ent(s) was/were approved by the shareholders through voting groups. The following statement trately provided for each voting group entitled to vote separately on the amendment(s):	
"The m	umber of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	09/30/2021 8:27 PM EDT Dated	
	Signature Claudia Boeri Kasslater	
	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Claudia Boeri Kasslater	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del> _