P14000077398

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A RAMBEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CATHY FRUMEN	STI PA				
	BER:P14000077398					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	CATHERINE FRUMENTI					
	Name of Contact Person					
	Firm/ Company 630 NORTH RD					
	Address BOYNTON BEACH, Ft. 33435					
•		City/ State and Zip Code	2			
	DJBYCK@MSN.COM					
	E-mail address; (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea.	se call:				
DAVID BYCK		at (<u>561</u>	350-9278 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State;			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Amend Divisio The Co	Address unent Section of Corporations entre of Tallahassee §, Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CATHY FRUMENTI PA

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2022 FEB 22 PM

(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P14000077398	THE STATE
(Docume	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
CATHERINE ANN FRUMENTI PA	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," ' or "Co". A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE</u> A STREET ADD	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOY	<u></u>
D. If amending the registered agent and/or registere	red office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agem	
	(Florida street address)
New Registered Office Address:	. Florida
	(Cip) (Zip Cone)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
Activity accept the appointment as registered agent. I	i am jamina wan ana accept me oongatous of the position.
· · · · · · · · · · · · · · · · · · ·	tture of New Registered Agent, if changing
Signa	nure 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)

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 Do</u>	g	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		-		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				····
51 Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

(A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
•	
۲. <u>اا</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
1	(if not applicable, indicate N/A)

	1/18/2022	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
1/18/20] Effective date <u>if applicable</u> :	22	
	tno move than 90 days after am	endment file dater
Note: If the date inserted in this block document's effective date on the Depart		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	J by the incorporators, or board of directo	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votient for approval.	es cast for the amendment(s)
	ed by the shareholders through voting gro h voting group entitled to vote separately	
"The number of votes cast for	the amendment(s) was/were sufficient for	approval
by		
	(voting group)	
selected, by appointed (or, president or other officer – if director, an incorporator – if in the hands of a reciduciary by that fiduciary) THERINE FRUMENTI	
_	(Typed or printed name of person	signing)
PR	ESIDENT	

(Title of person signing)