P1400008082

| (Requestor | s Name) |
|-----------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/2 | Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business E | Entity Name) |
| (Document | Number) |
| Certified Copies Co | ertificates of Status |
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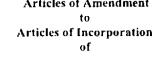
AUG 07 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: NICOLE MARCO | NI PA | | |
|-----------------------------|---|--|--|----------------|
| | R: P14000089082 | | | _ |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | |
| Please return all correspo | ondence concerning this ma | tter to the following: | | |
| N | ICOLE MARCONI GIORI | DANO | | |
| | | Name of Contact Person | <u> </u> | |
| N. | ICOLE MARCONI PA | | | i |
| | | Firm/ Company | | 1 |
| 13 | 14 S E 1ST STREET UNI | T L | | |
| _ | | Address | | |
| F | Γ LAUDERDALE,FL 3330 |)1 | | |
| _ | | City/ State and Zip Code | - <u></u> | : |
| | | | | |
| | Time I address (to be see | sed for future annual report | notification) | - 1 |
| | E-man address: (to be us | sed for future annual report | notification) | ! |
| For further information c | oncerning this matter, pleas | se call: | | 1 |
| | | | | |
| NICOLE MARCONI GI | ORDANO | at (<u>954</u> | | |
| Name of | Contact Person | Area Coo | de & Daytime Telephone N | lumber |
| Enclosed is a check for the | he following amount made | payable to the Florida Depa | rtment of State: | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | ı |
| Ameno Divisio P.O. B | ig Address Iment Section on of Corporations ox 6327 assee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301 | |

Articles of Amendment of



| Articles of Articles of Articles of In Articles of In O NICOLE MARCONI PA | o acorporation | ASSOCIATION AND THE PROPERTY OF THE PROPERTY O |
|---|---|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State | |
| 14000089082 | | 30,7 |
| (Document Number | of Corporation (if known) | V |
| ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation: | s Florida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| NICOLE MARCONI-GIORDANO PA name must be distinguishable and contain the word "corporati | 0.0 | The new |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation nam | e must contain the |
| B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | UNIT L | |
| · · | FT LAUDERDALE, FL 33301 | , |
| | FI LAUDERDALE, FL 33301 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1314 S E 1ST STREET | |
| | UNIT L | · |
| | FT LAUDERDALE, FL 33301 | |
| D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses. | | |
| Name of New Registered Agent (Florida s | treet address) | |
| | treet address) | |

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

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>oe</u> | | |
|-------------------------------|-----------|----------|-------------|-------------------|--------------|
| X Remove | <u>v</u> | Mike Jo | ones | | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | | |
| Type of Action (Check One) | Title | | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | | | | | 1 |
| Add | | | | - | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | 1-11 . | <u> </u> |
| Remove | | | | | • |
| 3) Change | | | | | 1 |
| Add | | | | | <u> </u> |
| Remove | | | | | |
| 4) Change | | | | | |
| | | | | | |
| Add Remove | | | | | |
| 5) Change | | | | | |
| | | _ | | - | |
| Add Remove | | | | | |
| Remove | | | | • | 1 |
| 6) Change | | _ | | | <u>:</u> |
| Add | | | | | |
| Remove | | | | | |

| (Attach additional sheets, if necessary). (Be specific) THE CHANGES ARE THE NAME OF THE CORPORATION AND THE ADDRESS. THERE ARE NO OTHER CHANGES |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) |
| |
| |
| |
| ! |
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| |

| The date of each amendment(s) ad late this document was signed. | loption: | _, it 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 b locument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will partment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. | |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder. | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| Dated | H210/17 | |
| Signature | Marion-Godano | _ |
| (By a d | rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | ted fiduciary by that fiduciary) | |
| | NICOLE MARCONI GIORDANO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |