P150000 10606

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: ROBERTA HOLA	NDA COELHO SILVA P.	Α.
	BER: P15000010606		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Roberta Holanda		
		Name of Contact Persor	:
		Firm Company	
	2682 Sunbury St		
		Address	
	Clermont, FL 34711		
		City State and Zip Code	
	info@robertaholanda.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Reherta Holanda		at (+07	536-1006 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Endosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
32 S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	ES52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Dix P,C	illing Address tendment Section rision of Corporations J. Box 6327 Inhussee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ROBERTA HOLANDA COELHO SILVA P.A.

(Name of Corporation	as currently fil	<u>ed with the Florida l</u>	Dept. of State)	
P 5000010606				
(Documer	nt Number of Co	rporation (if known)		
Pursuant to the provisions of section 607,1006, Florida S i.s. Articles of Incorporation:	tatutes, this Flor	ida Profit Corporatio	n adopts the followin	g amendment(s) (c
A. If amending name, enter the new name of the corp	ogration:			
Referta Holanda P.A.				The new
name must be distinguishable and contain the word "corp- ing," or Co.," or the designation "Corp," "Inc," of Chartered," "professional association," or the abbrevio	or "Co" A pi	oany," or "incorporatio ofessional corporatio	ed" or the abbreviation name must contai	on "Corp.," n the word
B. Enter new principal office address, if applicable:	_			
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)			
	-			
	-		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-			
	_	_		
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the	name of the	
Name of New Registered Agent				
Same ty Sen registree sigen				_
	(Florida street e	edelress		-
New Revistered Ottice Address:			, Florida	
	/Cn	הי	$\ell Z \eta r$	Coder
New Registered Agent's Signature, if changing Regist	tared Sounts			
And Registered Agent's signature, in Changing Registered I nearly accept the appointment as registered agent. I c		and accept the obliga	itions of the position.	
Samuelt	ment Ves Room	tered Agent, if changi	ins	_
Signat	ne opies a mega	acresi agent, ir entingi	1.00	

Check if applicable

17. The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

(Ameliadditional sheets, if necessary)

Prease note the officer/director title by the first letter of the office title.

P = P(esident; V = Vice President; T = Treasurer; S = Secretary, D = Director; TR = Trustee; C = Chairmon or Clerk; CEO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office over the distance of the 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 Make Jones, V as Remove, and Sally Smith, SV as an Add.

Extrarpre: - X.Change	PT	John Doe	
<u>K</u> Remove	\underline{V}	Mike Jones	
. X. Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Titl</u> e	Name	Address
. 1 Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Se Change			
Remove			
4.) Change			
\dd			
Remove			

	nal sheets, if necessu				
				 	
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	 ·				
					
					
					
	cant provides for an	exchange, reclassific	ation or cancellatio	on of issued shares	
an anande	r implementing the	amendment if not co	ntained in the ame	idment itself:	
<u>an amendu</u> provisions fo	plicable, indicate N	.4)			
provisions fo					
royisions fo (if not ap					
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Effective date <u>if applicable</u> : Sote: If the date inserted in this blo	tho more than 90 days ofter amendment file dates ook does not meet the applicable statutory filing requirements, this date will not be listed as the
Sote: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
Sote: If the date inserted in this blo	
ocument's effective date on the Dep	partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted to the action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	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 east t	or the amendment(s) was were sufficient for approval
by	
	(voting group)
04/29/2020 Dated	Fac On
selected	rector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)
	Roberta Holanda Coelho goodman
-	(Typed or printed name of person signing)
	Director
-	(Title of person signing)