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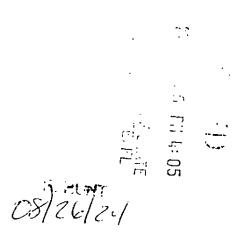
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Barbara Z Soto PA | | · | | |
|--------------------------|--|---------------------------------------|--|------------------|-------------|
| DOCUMENT NUMB | ER: P15000019910 | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| | Ø. | | 0\00 | | |
| - | Dar | bara 2. | Ruggles | | |
| | | Name of Contact Perso | on | | |
| - | | Firm/ Company | | | - |
| | 2231 | Palmetto | Ceten Dire | 1#1 | 02 |
| | | Address | . 1 | | |
| _ | <u>Kissimme</u> | e, FL, 34° City/ State and Zip Coo | <u> </u> | | |
| | | | | | |
| | the barbi | ervygles @ g | imail-com | | |
| • | E-mail address: (to be us | sed for future annual repor | t notification) | ; | |
| | | | | <u>.</u> . | ٠. |
| For further information | concerning this matter, pleas | se call: | | | ; ; \ |
| | | | | in. | 27 |
| Barbara Ruggles | | at (| ode & Daytime Telephone | - 05で - 111・1 | |
| Name o | f Contact Person | Area Co | ode & Daytime Telephone | Number | <u></u> |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | partment of State: | L., 5. | 16 PH 4: 05 |
| S35 Filing Fee | ☐\$43.75 Filing Fee & | □\$43.75 Filing Fee & | □\$52.50 Filing Fee | | |
| | Certificate of Status | Certified Copy | Certificate of Status | | |
| | | (Additional copy is enclosed) | Certified Copy (Additional Copy | | |
| | | cherosedy | is enclosed) | | |
| <u>Mail</u> | ing Address | Street | Address | | |
| | ndment Section | | dment Section | | |
| | sion of Corporations Box 6327 | | on of Corporations Centre of Tallahassee | | |
| | hassee, FL 32314 | | N. Monroe Street, Suite | : 810 | |
| , 4114 | ······································ | | assee, FL 32303 | | |

Attached: Marriage Certificate
DL Copy

Articles of Amendment Articles of Incorporation of

| Rarhara | 7 | Soto | D | ٨ |
|--------------|----|---------|---|----|
| 133111131131 | 1. | ALIEL . | 1 | /\ |

| f Corporation as current | v filed with the Florida l | | |
|---|---|--|---|
| | | Dept. of State) | |
| | | | |
| (Document Number o | l'Corporation (if known) | | |
| 1006, Florida Statutes, this | Florida Profit Corporatio | on adopts the following | ng amendment(s |
| me of the corporation: | | | |
| | | | The new |
| orp," "Inc," or "Co". z | 1 professional corporation | ted" or the abbreviati on name must conta | on "Corp.," in the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| cable: | Same | | |
| <u> </u> | | | ~ 1 |
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| | <u> </u> | 133 (A) 133 (A) 133 (A) | |
| Barbara Z. Ruggles | | | |
| | | | 05 |
| (Florida str | eet address) | | - |
| 2231 Palmetto Glen Drive | #102, Kissimmee | , Florida | |
| | | . FIOLICIA | |
| | the word "corporation;" "forp," "Inc," or "Co". A or the abbreviation "P.A." if applicable: FREET ADDRESS) cable: OFFICE BOX) d/or registered office address Barbara Z Ruggles | the word "corporation;" "company," or "incorporation;" "Inc," or "Co". A professional corporation or the abbreviation "P.A." If applicable: FREET ADDRESS Cable: OFFICE BOX) d/or registered office address in Florida, enter the registered office address: Barbara Z Ruggles | the word "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain or the abbreviation "P.A." Same TREET ADDRESS) Cable: OFFICE BOX) Company, "or "incorporated" or the abbreviation name must contain name name name name name name name nam |

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)

Example:

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 Je</u> | ohn Doc | | | |
|-------------------------------|--------------------|--------------|--------------|-----------------------------|----|
| X Remove | <u>v</u> <u>N</u> | Mike Jones | | | |
| X Add | <u>sv</u> <u>s</u> | ally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s | |
| 1) K Change | P | Barbara | 2 Ruggles | 2231 Palmetto Colen Dnc #10 | 12 |
| Add | | | | Kissimmee, FL, 34741 | |
| Remove | | | | | |
| 2) Change | | | . | | |
| Add | | | | | |
| Remove Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | C 05 | |
| 5) Change | | | | • | |
| Add | | | | | |
| Remove | | | | · | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific) | | |
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| 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 | option: | - | <u>-</u> | | , if other than th |
|--|--|--|-------------------------|-----------------|-----------------------|
| date this document was signed. | ا2 لحاد ما | 2024 | | | |
| Effective date <u>if applicable</u> : | (no more ti | han 90 days after d | imendment file date) | | |
| Note: If the date inserted in this bl document's effective date on the De | | | y filing requirements | , this date wil | I not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) |) | | | |
| The amendment(s) was/were ado action was not required. | pted by the incorporator | s, or board of dire | ctors without sharehol | der action and | 1 shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | | s. The number of v | votes east for the amer | ndment(s) | |
| ☐ The amendment(s) was/were app must be separately provided for | | | | | |
| "The number of votes cast | or the amendment(s) wa | as/were sufficient | for approval | | |
| by | (voting group) | | | | 1 |
| | (voting group) | | | : | |
| DatedA | vaust 21, z | 024 | | | |
| Signature | ugust 21, z Darbara | 2. Ru | glis | | P :,, ' |
| (By a disselected | rector, president or other , by an incorporator – if ed fiduciary by that fidu | r officer — if direct f in the hands of a | ors or officers have no | | -: 05 |
| | BARE | BARA Z. | Ruggles | | |
| • | (Typed or pri | inted name of pers | on signing) | | |
| | PRESI. | DENT | | | |
| | (Title of pers | on signing) | | | |