# P15000039406

| (Re                                     | equestor's Name)   |                 |  |  |  |
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#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: P 190 000 3940 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company DEENCIA. FONTANEL E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

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**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

#### Articles of Amendment to Articles of Incorporation



## MARIA FONTANELLA, PA

(Name of Corporation as currently filed with the Florida Dept. of State)

### P 130 000 39406

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| name must be distinguishable and contain the v<br>"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact | orp," "Inc," or "Co | o". A professional     | incorporated'<br>corporation n | or the abbreviation ame must contain the |
|--|---------------------|------------------------|--------------------------------|--|
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A   |                     | SAME                   | Aº2                            | POFOR                                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | <i>BOX</i> )        | SATUE                  | AS                             | BETORE                                   |
| D. If amending the registered agent and/or registerew registered agent and/or the new register  Name of New Registered Agent   |                     | s in Florida, enter (  | the name of t                  | <u>he</u>                                |
| New Registered Office Address:   | (Florida street     | address)               | , Florid                       | da(Zip Code)                             |
| New Registered Agent's Signature, if changing Find the hereby accept the appointment as registered agen  |                     | h and accept the obl   | ligations of the               | e position.                              |
|  | W/A                 | ristered Agent, if cha | najna                          |  |

| Rlease note the officer/di<br>P = President; V = Vice<br>Executive Officer; CFO<br>held. President. Treasure<br>Changes should be noted<br>a change, Mike Jones led<br>Mike Jones, V as Remove<br>Example: | rector tit<br>Presiden<br>= Chief ;<br>er, Direct<br>I in the fo<br>wes the c | le by the f<br>t; T= Tre<br>Financial<br>or would<br>ollowing n<br>corporatio | asurer; S= Se<br>Officer. If an<br>be PTD.<br>nanner. Curre<br>n, Sally Smith | cretary; D= l<br>officer/direc<br>ntly John Doe | tor holds mo<br>e is listed as t | re than oi<br>he PST ai | ne title, list the<br>nd Mike Jones | e first letter of<br>is listed as the | each office  V. There is |
|--|---|---|---|---|----------------------------------|-------------------------|-------------------------------------|---------------------------------------|--------------------------|
| X Change   | <u>PT</u>   | John Do   | <u>oe</u>   |   |                                  |                         |                                     |                                       |                          |
| X Remove   | . <u>V</u>  | Mike Jo   | <u>enes</u>   |   |                                  |                         |                                     |                                       |                          |
| X Add  | ' <u>SV</u>   | Sally Sr  | <u>nith</u>   |   |                                  |                         |                                     |                                       |                          |
| Type of Action<br>(Check (Pr. e)   | Title   | ·   | Name  |   |                                  | . Ad                    | <u>dres</u> s                       |                                       |                          |
| 1) Change  |   | _   |   |   |                                  |                         |                                     |                                       | _                        |
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| 2) Change  |   | _   |   |   |                                  |                         |                                     | ·                                     |                          |
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| 3) Change  |   | _   |   |   |                                  |                         |                                     |                                       |                          |
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| 4) Change  |   | _   | <u></u> -   |   |                                  |                         |                                     |                                       |                          |
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| 5) Change  | -   | _   |   | ·   |                                  |                         |                                     |                                       | _                        |
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| 6) Change  |   | _   |   |   |                                  | <u> </u>                |                                     |                                       | _                        |
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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)

\_Remove

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |  |
|---|--|
|   |  |
| N/A   |  |
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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)   |  |
| N/A   |  |
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| ate of eacl                     | h amendment(s) adoption:   | , if other than the          |
|---------------------------------|--|------------------------------|
| this docume د                   | nt was signed.   |                              |
| ر<br>پارودtive date <u>if</u>   | annlicable: U/A  | •                            |
| Ellective date II               | applicable: (no more than 90 days after amendment file date)   |                              |
|                                 | e inserted in this block does not meet the applicable statutory filing requirements, this dative date on the Department of State's records.                                      | te will not be listed as the |
| Adoption of Am                  | endment(s) ( <u>CHECK ONE</u> )  |                              |
|                                 | ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(stolders was/were sufficient for approval.   | )                            |
|                                 | ent(s) was/were approved by the shareholders through voting groups. The following stateme rately provided for each voting group entitled to vote separately on the amendment(s): | ent                          |
| "The nu                         | umber of votes cast for the amendment(s) was/were sufficient for approval  |                              |
| hv                              | (voting group)   |                              |
| ۰,                              | (voting group)   |                              |
| The amendme action was not      | ent(s) was/were adopted by the board of directors without shareholder action and shareholde t required.  | r                            |
| ☐ The amendme<br>action was not | ent(s) was/were adopted by the incorporators without shareholder action and shareholder t required.  |                              |
|                                 | Dated  |                              |
|                                 | Signature ~/A  |                              |
|                                 | (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 counappointed fiduciary by that fiduciary)   | <b>t</b>                     |
|                                 | $\omega / A$   |                              |
|                                 | (Typed or printed name of person signing)  |                              |
|                                 | N/A.   |                              |
|                                 | (Title of person signing)  |                              |