P15060642683

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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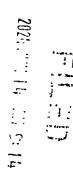
Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Conforme Nappi, F	P.A.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jorge Conforme		
		Name of Contact Person	1
	Conforme Nappi, P.A.		
		Firm/ Company	
	950 Brickell Bay Drive #110:	5	
		Address	
	Miami, FL 33131		
		City/ State and Zip Code	2
	jconforme@gmail.com		
		sed for future annual report	notification)
For further information Jorge Conforme	n concerning this matter, pleas	se call:at (305	904-3095
Name o	f Contact Person	at (de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



Contorme Nappi, P.A.	to the C:
(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000042683	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Seits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Regist	(City) (Zip Code)
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
	re of New Registered Agent, if changing

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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		Andrea Nappi Conforme	950 Brickell Bay Drive #1105
Add X Remove				Miami, FL 33131
Z) Change	PV	_	Jorge Conforme	950 Brickell Bay Drive #1105
Add				Miami, FL 33131
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	or adding additional sheets, if no	ecessary). (B	le specific)				
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				_	•		
an amend	ment provides f	ar an evchana	e reclassifica	tion or cancell	lation of issued s	charoc	
rovisions	for implementin	or an exenang	ent if not con	tained in the a	mendment itsel	f:	
(if not c	pplicable, indica	ne N/A)				<u></u>	
`*	• •	,					
			<u> </u>				
		<u> </u>			.		
			P				
			- <u>-</u>		 .		
			. .				

. .

The date of each amendment(s) a	deption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this da epartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(stifficient for approval.	s)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other cour)
appoin	ted/fiduciary by that fiduciary)	
	Jorge Conforme	
	(Typed or printed name of person signing)	
	President and Vice President	
	(Title of person signing)	

. . .