P15000048317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
<u>,</u>

Office Use Only



100413200101

08/01/23--01016--013 **35.00

JATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

NAME OF CORPO	ORATION: Sara Antha Nichol	s PA		
DOCUMENT NUM	4BER: P15000048317			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corn	respondence concerning this ma	tter to the following:		
	Sara Antha Ackley PA			
		Name of Contact Person	1	
		Firm/ Company		
	2100 S Ocean Dr 17 L			
	Address			
	Fort Lauderdale FL 33316			
		City/ State and Zip Cod	9	
	saranichols321@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		2023 5 5 5
Sara Antha Ackley		954	854-5424	至8 高
Name of Contact Person		at (954) 854-5424 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	F
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	STORE TANDALES OF THE STATE
Ai	ailing Address mendment Section ivision of Corporations	Amend	Address Iment Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Sara Antha Nichols PA			
(Name	of Corporation as currently	v filed with the Florida Dept. of State)	
P15000048317			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
Sara Antha Ackley PA		The new	
	Corp, " " $Inc,$ " or " Co ". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1200 S Ocean Dr 17 L	
		Fort Lauderdale	
		FL 33316	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1200 S Ocean Dr 17 L	
		Fort Lauderdale	
		FL 33316	
D. If amending the registered agent ar new registered agent and/or the ner			
Name of New Registered Agent	Sara Antha Ackley PA		
- turno sy rieu riegime eu rigem	1200 S Ocean Dr 17 L		
	(Florida str	eet address)	
New Registered Office Address:	Fort Lauderdale	Florida 33316	
nen Registeren Office Hauress.		(City) (Zip Code) = ==================================	
New Registered Agent's Signature, if call hereby accept the appointment as registed.		with and accept the obligations of the position.	

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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	Sara Antha Ackley PA	1200 S Ocean Dr 17 L
Add			Fort Lauderdale
Remove			FL33316
2) Change			
Add			
Remove 3) Change			
Add			
Remove			TALL TALL
4) Change		_	
Add			
Remove			
5) Change		_	
Add			- m
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		
***************************************	· ·	
	• • • • • • • • • • • • • • • • • • • •	
		_
		
· - · · · ·		
an amendment provides for an exc	nange, reclassification, or cancellation of issued shares.	<u>,, 2</u>
provisions for implementing the am	endment if not contained in the amendment itself:	그
(if not applicable, indicate N/A)		SECT TALL
		•
· ····· - · · · · · · · · · · · · · · ·		
		門の
		一片
		[7]
· ·		-
	• • • •	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing require	·
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the infficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The foreeach voting group entitled to vote separately on the amer	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selecte	director, président or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truster ted fiduciary by that fiduciary)	
	Sara Antha Ackley PA	
	(Typed or printed name of person signing)	95CC
	President	
	(Title of person signing)	<u> </u>