## P15 0000 65194

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C. BRUMBLEY
JUL - 4 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COF	RPORATION: NATALIE M CHA	AMBERS, PA	· <u>-</u> ,
	UMBER:		
	ticles of Amendment and fee are su	abmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Natalie Reynolds		
	<del></del>	Name of Contact Persor	1
	NATALIE M CHAMBERS.	PA	
		Firm/ Company	
	23407 OLDE MEADOWBR	OOK CIRCLE	
		Address	
	BONITA SPRINGS, FL 341	34	
		City/ State and Zip Code	0
	natalie1023@icloud.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	mation concerning this matter, plea		777-4492 )
N	lame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing F	ee S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street. Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

NATALIE M CHAN	MBI	ERS.	PA
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NATALIE M CHAMBERS, PA				
( <u>Name</u> o	f Corporation as curre	ently filed with the Florida Dep	t. of State)	
P15000065194				
	(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	his Florida Profit Corporation a	dopts the following amendn	nent(s) to
A. If amending name, enter the new na	ime of the corporation:	<u> </u>		
Natalie M Reynolds, PA			The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association."	"orp." "Inc," or "Co".	. A professional corporation r	or the abbreviation "Corp.	
B. Enter new principal office address,	if applicab <u>le:</u>		S 20	
(Principal office address MUST BE A S			>	
			<del>- 50 <b>%</b></del>	71
			<del>25 2</del>	<u></u>
C. Enter new mailing address, if appli	cable:		PA	П
(Mailing address MAY BE A POST				
			7 N O	_
			ार्ग 🐯	-
			<del>.</del>	-
D. If amending the registered agent an			me of the	
new registered agent and/or the new		ress:		
Name of New Registered Agent	Natalie M Reynolds			
	23407 OLDE MEADO	WBROOK CIRCLE		
	(Florida	a street address)		
Vice Berliner LOGo et Advance	Bonita Springs		, Florida 34134	
New Registered Office Address:		(City)	(Zip Code)	-
New Registered Agent's Signature, if c	hanging Registered Ag	ent:	A.J	
I hereby accept the appointment as regist	ered agent. I am Jamili	iar with and accept the obligatio.	ns of the position.	
	1. 1	.1 5		
The state of the s	Mar Run			
	Signature of Ne	W Registered Agent, if changing		
	4			
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant 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	PT	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	P	Natalie M Reynolds	23407 Olde Meadowbrook Circle
Add			Bonita Springs, FL 34134
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding ad- additional sheets, if	necessary). (i	Be specific)	(AVIIVE)		
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						<del></del>
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	<u> </u>					
			<u>-</u> -			
		_				
provis	mendment provides sions for implement	ting the amendi	ge, reclassificat nent if not cont	ion, or cancellati ained in the ame	on of issued share endment itself:	<u>s.</u>
(i)	fnot applicable, indi	icate N/A)				
				,		

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	<u></u>
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharely	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendme	
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by	<del>,.</del>	
, <del>-</del>	(voting group)	
6/29/202 Dated	2	
Signature	Talulie MReynolds	
	director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or	
	inted fiduciary by that fiduciary)	
	Natalie M Reynolds	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	