PV5 0000 98824

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FILED SECRETARY OF STATE CORPORATIONS

02007 JULY

TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: SARI LIBBIN PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sari Libbin Shapiro Name of Contact Person Sari Libbin PA Firm/ Company 1100 Brickell Bay Drive, Apt 34C Address Miami, FL 33131 City/ State and Zip Code SariLibbin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sari Libbin Shapiro Name of Contact Person 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 (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SARI LIBBIN PA		
(Name of Corporation	on as currently filed with the Florida D	ept. of State)
P15000098824		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
SARI LIBBIN SHAPIRO PA		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional corporation	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable:	··	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		name of the
	omee address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent	
I hereby accept the appointment as registered agent.		ions of the position.
<u> </u>	thus of New Posistoned Ameri if all and	
Signa	iture of New Registered Agent, if changin	8
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.

<u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			···
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheet	ts, if necessary).	(Be specific)				
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an amendment provoces for implementations for implementations.	menting the eme	ange, reclassifica	atton, or cancen	mandmant itsalf		
(if not applicable,	indicate N/A)	nument ii not coi	italieu ili tile a	mendment risen	<u>.</u>	
(ij noi applicable,	maicale IVA)					
						
						
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		<u></u>				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Au Effective date <u>if applicable</u> :	gust 4, 2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes cast for the amer	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
August 4,	2022	
Dated	<u> </u>	
	-DocuSigned by:	
Signature	Sari Lilelein Shapiro	
(Byla	directors prosident or other officer – if directors or officers have no	ot been
	ed, by an incorporator – if in the hands of a receiver, trustee, or ot nted fiduciary by that fiduciary)	ner court
аррог	ined fiduciary by that fiduciary)	
	Sari Libbin Shapiro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	