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(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Denis	se Denver P.A
DOCUMENT NUMBER:	Pilacocco 766
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Dense	Name of Contact Person
4992 5	Firm/ Company Address
Oldsmax	Address FL 34677 City/ State and Zip Code
	I for future annual report hotification)
For further information concerning this matter, please	call:
Name of Contact Person	at (727), 452-8608
Enclosed is a check for the following amount made pa	Area Code & Daytime Telephone Number
_	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of	2
Denise Deniel	P. A. S.
(Name of Corporation as currently	filed with the Florida Dept. of State) - F
P160ccc	20705 27 -
(Document Number of	Corporation (if known)
Downwart to the agreeiches of seed of 07 100/ Clevide Comment to	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	torium Projit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	3
Denise Denver S	amsonen Ko, P. Athe new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1895 Mitchell Blued Trinity, FL 34655
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8915 Mitchell Blud Trinity FL 341655
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	Inver Samsonen Ko
New Registered Office Address:	rt address) Florida 3/65 City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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) 1) Change	<u>Title</u>	Name Denise Denvel Samiana	Address LAGQ Slipellyano
Add Remove			aldsmar, FL 34677
2) Change Add		<u></u>	
Remove 3) Change			
Add Remove			
4) Change			
Add			
5) Change Add			
Remove		·	
6) Change			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
. 1/ .	
N/X	
<u> </u>	
	
	_
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	
N_/_^	
-	
· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors wit action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	•
by (voting group)	oval A
Signature 19/33/21 Signature 19/33/21 (By a director, president of other officer – it directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
(Typed or printed name of person signir	nsonento, P.A.
President	
(Title of person signing)	