P16000018323

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COVER LETTER*

Division of Corporations
NAME OF CORPORATION: Andrew Dichste P.A. DOCUMENT NUMBER: P16 0000 183 23
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
t —
Andrieue Dacosta
Name of Contact Person
1540 New 98 Are Bridge Enterprise Johntons
Firm/ Company
410 NW 98 Ave
Address
Pembroke Pinos FL 33023
City/ State and Zip Code
E-mail address: (to be used for future annual report portification)
For further information concerning this matter, please eall:
Andrieve Dalista at (934) 801 - 6754 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

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	or paracion
- Andrieux Docosto P	A
	v filed with the Florida Dept. of State)
P16 (60018323	CG -
(Document Number of	(Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	્રિંક પૂર્
ach con a	ompany," 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)	7901 4th St N StE 300 St Petersburg FL 33702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N, StE 300 St. Petersburg +L 33702
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Besistered	igents Inc
New Registered Office Address: St. Peters	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a compart of New Registered of New Registered Signature of New Registered agent.	th and accept the obligations of the position.
	Committee and Co

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or D , if necess rector titl President = Chief Fi rector wo l in the fo wes the c	virector being added sary) le by the first letter of t; T= Treasurer; S= inancial Officer. If a uld be PTD. Ilowing manner. Cu orporation, Sally Sm	f the office title: Secretary: D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief in officer/director holds more than one title, list the first letter of each office held. Arrently John Doe is listed as the PST and Mike Jones is listed as the V. There is hith is named the V and S. These should be noted as John Doe, PT as a Change.
Example: X Change	PT	John Doe	
X Remove	<u></u> <u>Y</u>	Mike Jones	NA
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			

2) ____ Change

____ Add

Remove 3) Change

____ Add

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

____ Add

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ch additional sheets, if neo		
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amendment provides fo	r an exchange, reclassification, or cancellation of issue	ed shares.
<u>visions for implementing</u>	the amendment if not contained in the amendment its	self:
(if not applicable, indicat	e N/A) 	
	N/A	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 9-25-23	
Signature C A	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	t been er court
Andrieve Dacosta	
(Typed or printed name of person signing)	
CEC	
(Title of person signing)	

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Agricue Diceste P.A
DOCUMENT NUMBER: 16 000018323
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrieur Da Costa Name of Contact Person Firm/ Company Firm/ Company Firm/ Company Address Pembroke Pinos FL 33023 City/ State and Zip Code
E-mail address: (to be used for future annual reportuotification)
For further information concerning this matter, please call:
Andrieue Dalista at (934) 801 - 6754 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303