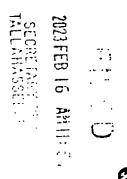
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
MAY - 1 2023

Office Use Only



600402722416

02/18/23--01011--003 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

5.0

NAME OF CORPOR	RATION: LILIAM AGUIAR	DETORE, P.A.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	LILIAM A. WATCKE			
		Name of Contact Person	n	
	LILIAM AGUIAR DETORE, P.A.			
		Firm/ Company	·	
	1273 SW CEDAR CV			
	Address			
	PORT ST LUCIE - FL -3498	6		
		City/ State and Zip Cod	e	
	DETOREL@BELLSOUTH.	NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
LILIAM A. WATCKE		at (de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

LILIAM AGUIAR DETORE, P.A			
(<u>Name</u>	of Corporation as current	tly filed with the Florida D	ept. of State)
P16000022483			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
LILIAM AGUIAR WATCKE, P.A			The new
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		SAME AS PREVIOUS	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		SAME AS PREVIOUS	
D. If amending the registered agent annew registered agent and/or the new			name of the
Name of New Registered Agent	LILIAM AGUIAR WAT	CKE	
The state of the s	1273 SW CEDAR CV		
	(Florida st	rcet address)	
New Registered Office Address:	PORT ST LUCIE		, Florida 34986
in the second service in the second s		(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

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 Doc		
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) Change		<u> </u>		
Add				
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	<u> </u>	
Add				
Pamaya				

ch additional sheets, if necessary). (Be	e specyce)
<u> </u>	
amandment provides for an evaluance	a madessification or concellation of issued shares
visions for implementing the amendment	e, reclassification, or cancellation of issued shares. ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	`

. . .

The date of each amendmendate this document was signed		, if other than the
Effective date <u>if applicable</u> :	2/12/23 (no more than 90 days after amendment file d	data)
	tho more than 90 days after amenament file t	mie)
	this block does not meet the applicable statutory filing requires he Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the ere sufficient for approval.	: amendment(s)
	re approved by the shareholders through voting groups. The followd for each voting group entitled to vote separately on the amena	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
	11	
by	(voting group)	
Dated <u>「し</u> Signature	Vilian Agrisa Waterle	
sc	y a director, president of other officer – if directors or officers had elected, by an incorporator – if in the hands of a receiver, trustee, opointed fiduciary by that fiduciary)	
	LILIAM AGUIAR WATCKE	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	