P16000075092

(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	idress)	<u>.</u>
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C. BRUMBLEY
JAN 2 0 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Kimberlie Birr PA PRATION:		
DOCUMENT NUM	IBER: PIGOCO	0075092	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kimberlie Birr Griggs		
		Name of Contact Persor	n
		Firm/ Company	
	316 Green Oak Drive		
	Crestview, FL 32539	Address	
		City/ State and Zip Code	e
	kimbirr@ymail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kimberlie Birr Griggs		850 at (598-0036)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation

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V: n	Moerlie Bur, PA
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P1600	00075092
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
Kimberlie Birr Griggs P.A.	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	same
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same 1
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add Kimberlie Birr Griggs	ress:
Name of New Registered Agent	
sam	E
	a street address)
New Registered Office Address: Sw	γΩ , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
Signature of the	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>\$V</u>	Sally Smith	
Type of Action (Check One) X 1) Change	<u>Title</u> P	Name Kimberlie Birr Griggs	Address 316 Green bak br.
Add			Crestnew, Fi 325:
2) Change Add			
Remove 3) Change	<u></u>		
Add Remove 4) Change			
Add Remove 5) Change			
Remove 6)ChangeAdd			
Remove			

Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	NA
	
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f an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
(if not appi	icable, indicate N/A)
	NA
•	
<u>-</u>	
 	

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The date of each amendment(s) adopti date this document was signed. Effective date if applicable:	on: $\frac{ 2/11/202 }{ 2/29/202 }$ if other than the
Enecuve date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): e amendment(s) was/were sufficient for approval
by	
	(voting group)
selected, by	7. president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	(Typed or printed name of person signing) (Typed or printed name of person signing)
	(Title of person signing)