P170000 34275

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE



COVER LETTER

Division of Corporations NAME OF CORPORATION: RYAN T. FASSO, P.A. DOCUMENT NUMBER: P17000034275 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RYAN T. FASSO Name of Contact Person RYAN T. FASSO, P.A. Firm/ Company 601 SOUTH HARBOUR ISLAND BLVD., SUITE 109 Address **TAMPA, FL 33602** City/ State and Zip Code ryanfassolaw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 856-6038

Area Code & Daytime Telephone Number RYAN T. FASSO 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

RYAN T. FASSO, P.A.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept	t. of State)	
P17000034275				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation ac	lopts the following amendme	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
NOT APPLICABLE			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 n	or the abbreviation "Corp.,"	,
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		601 SOUTH HARBOUR	ISLAND BLVD.	
		SUITE 109		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33602	SEC!	£.)
		601 SOUTH HARBOUR	ISLAND BLVD	1755
		SUITE 109	155 P	16
		TAMPA, FL 33602	12: E.E.	
D. If amending the registered agent an new registered agent and/or the ne			ne of the	
Name of New Registered Agent	NOT APPLICABLE			
Aune of Nets Registered Agent	601 SOUTH HARBOUR ISLAND BLVD., SUITE 109			
	(Florida s	street address)		
New Registered Office Address:	TAMPA		. Florida 33602	
The state of the 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

Check if applicable

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

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
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	
	•
<u>. </u>	

) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ne will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other combined fiduciary by that fiduciary)	
	RYAN T. FASSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	