P17000044164

(Requestor's Name)
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(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Chandoke Senior F	'A				
DOCUMENT NUME	BER: P17000044164		····			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Ana Senior					
	<u> </u>	Name of Contact Person	1			
	Chandoke Senior PA					
		Firm/ Company				
	9300 Conroy Windermere Ro	1 #2653				
	Address					
	Windermere, FL 34786					
		City/ State and Zip Code	e			
	ana@thecslaw.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call: _407	4210775			
		at (_)			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r 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)	☐S52.50 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 Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Chandoke Senior, I'A	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P17000044164	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
Crossover Immigration Solutions, P.A.	The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbrevial	oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	C21 PH 2: 47
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	e 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)

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.

<u>PT</u>	John Do	<u>oe</u>	
<u>V</u>	Mike Jo	ones	
<u>\$V</u>	Sally Sr	<u>nith</u>	
Title		<u>Name</u>	Address
<u>v</u>	_	Rick Chandoke	6735 Conroy Rd #305
			Orlando, FL 32835
	_		
	_		
	_		
	_		
	<u>SV</u> <u>Title</u>	V Mike Jo SV Sally Sr Title	V Mike Jones SV Sally Smith Title Name

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	1 15 4 10 10 10 10
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/01/2025	
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, this date document's effective date on the Department of State's records.	te 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 shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
Dated 12/16/2024 Signature	<u>.</u>
(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	t
Ana Maria Senior	
(Typed or printed name of person signing)	
President	
(Title of person signing)	