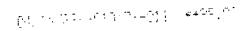
Pn 000 18766

(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:

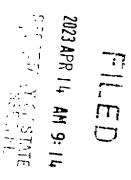
Office Use Only



400406082144



6/21/28 VM



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ Judith L. Rae, P. A. DOCUMENT NUMBER: P17000068766 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Judith Halter Name of Contact Person Firm/ Company 1994 Glenfield Crossing Ct Address St. Augustine, FL 32092 City/ State and Zip Code judi.rae@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 214-5014
Area Code & Daytime Telephone Number Judi Halter Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 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

1	r 15 1	n .
Juaita	I. Rac I	r A

(Name	of Corporation as currently	filed with the Florida Dept. of	State)	
P17000068766				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopt	s the follow	ing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
Judith L. Halter, 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			
Enter new principal office address,	if applicable:			
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		- (c) {	202
				7;
Enter new mailing address, if appl				-
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		- <u>775 - 3</u>	
			. 1	
			- H	=
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name o	of the	
Name of New Registered Agent	Judith L. Halter			_
	1994 Glenfield Crossing Ct.			
	(Florida stree	rt address)		
New Registered Office Address:	St. Augustine	. F1	orida 32092	
	((City)		Code)
New Registered Agent's Signature, if c hereby accept the appointment as regis	hanging Registered Agent:	th and accept the obligations of	the novition	
nereo, accept the appointment as regis	ercu ugem. Tum jammar wi	in and accept the obligations of	me posmon	
	•	•		
	June 7	thatter		
	Signature of New Reg	sistered 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
Add			
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)	
Article VI - Judith Halter (replaces Judith Rae if necessary to do so)	
Article VII - Judith Halter (replaces Judith Rae if necessary to do so)	
	
	
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)	
	

:

The date of each amendment(s)	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 this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	nendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	4/11/2023 Junt & Hatter	
selec	Annual I Matter director, president or other officer – if directors or officers have ded, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	Judith L. Halter	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	