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COVER LETTER

TO: Amendment Section Division of Corporations

Panala Van Tarasala Tar
NAME OF CORPORATION: Pamela Von Tersch, Inc.
DOCUMENT NUMBER: P18000033290
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pamela M. Camp Name of Contact Person
^
Pamela Von Tersch, Inc.
4430 West McNab Road, B-2
Pompano Beach, FL 33069 City/ State and Zip Code
Pamela Von Tersch@ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamela M. Camp at 954 675 - 7464 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

0	of	
Pamela Von Ter	sech Inc.	
(Name of Corporation as curren	atly filed with the Florida Dept. of State)	
	33290	
	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		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.A.	A professional corporation name must c	viation "Corp.," contain the word
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		202
		3 :
		1
C. Enter new mailing address, if applicable:	NA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
		<u>ω</u>
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address		
Name of New Registered Agent Pamela	m. Camp	
4630 Wes	ot Mc Nab Road,	<u>B-</u> 2
New Registered Office Address: Pompar	00 Beach Florida	33069
Sen Regimered Office Fluid ess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the posi	ition.
Pamela	M. Camp Registered Agent, if changing mela m. Cump, Pr	
Signature of New	Registered Agent, if changing	1
Check if applicable	mela M. Camp, Pr	resident

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PTS Pamela M. Von Tersch	
Add		
Remove 2) Change Add	PTS Pamela M. Camp	4630 West McNab Rd B-2 Pompano Beach, FL 33069
Remove Change	TR Gregory R. Camp	4630 West McNah Rd B-2 Pompano Beach, FL 33069
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

Attach <i>a</i>	ling or adding additional Ar dditional sheets, if necessary).	(Be specific)	inge(s) nere:			
NA						
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<u>provisi</u> (if.	nendment provides for an exo ons for implementing the an mot applicable, indicate N/A)	change, reclassi nendment if not	fication, or ca contained in	incellation of is the amendmen	sued shares, t itself:	
NA			_ 	-		
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The date of each amendment(s) adoption:	NΑ	, if other than the
date this document was signed.		
Effective date if applicable:	NA	
(no	more than 90 days after amendment file	date)
Note: If the date inserted in this block does not me document's effective date on the Department of State		ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		ne amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grou		
"The number of votes cast for the amendme		
by NA (voting g	."	
(voting g	τουρ)	
Dated <u>September</u> Signature <u>Pamele</u>	30, 2021	
Signature Pamale	2 M. Camp	
(By a director, president	or other officer – if directors or officers l	
selected, by an incorpora appointed fiduciary by the	ator – if in the hands of a receiver, trusted	e, or other court
appointed indictary by the	iat redictary)	
Pam	nela M. Camp ed or printed name of person signing)	
(Туре	d or printed name of person signing)	
Pc	esident of person signing)	
(Title	of person signing)	