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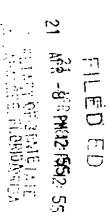
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TANIA ISEL ORT	IZ FIGUEROA, PA			
DOCUMENT NUM	BER: P18000043935				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Tania I Ortiz Fernandez				
	Name of Contact Person				
	Tania Isel Ortiz Figueroa, PA				
	Firm/ Company				
	12127 Callista Ct				
	Address				
	Orlando FL 32825				
		City/ State and Zip Code	e		
	tania2323@me.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call: at (at (. 716-9078		
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	□\$43.75 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		Street Address Amendment Section			
	rision of Corporations	Division of Corporations			
). Box 6327	The Centre of Tallahassee			
Tal	lahassee, FL 32314	2415 P	N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

TANIA ISEL ORTIZ FIGUEROA, PA

(Name of (Name of)	Corporation as currently				
	Confrontation as currently	filed with the Florida De	pt. of State)		
	···				
	(Document Number of	Corporation (if known)			
rursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corporation	adopts the follov	ving a	mendment(
a. If amending name, enter the new nam	ne of the corporation:				
'ANIA ISEL ORTIZ FERNANDEZ, PA				T	he new
ame must be distinguishable and contain th Inc.," or Co.," or the designation "Cor chartered," "professional association," o	rp," "Inc." or "Co". A			ition '	Corp"
B. Enter new principal office address, if	applicable:	N/A			
Principal office address MUST BE A STI					
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A			
				21	
			:+ ;;;		
. If amending the registered agent and			ame of the	ĄPR	
new registered agent and/or the new	registered office address:		, , <u>, , , , , , , , , , , , , , , , , </u>	8-	
Name of New Registered Agent	N/A		13		ार्च च्या
			104	1 2	
_	(Florida stre	et address)		55	
	√A		-	5	
Many Dagieranad Office Address			, Florida		
New Registered Office Address:		City)		ір Соа	زد.

☐ 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.

X Change	<u>PT</u>	John Do	<u> </u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change		_	N/A	
Add				
Remove				
2) Change		-		
Add				
Remove 3) Change		_		
Add				, and a second and a
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
ර) Change		_		
Add				
Remove				

 If amending or adding additional Art (Attach additional sheets, if necessary). 	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	**************************************
	<u> </u>
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	

•	4/7/2021	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
4/7/7. Effective date if applicable:	2021	
Effective date in applicable.	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for t flicient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The faeach voting group entitled to vote separately on the ame	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	Tania I Ortiz Fernandez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	