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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A	ndrea Eli Fortunato, P.A	
DOCUMENT NUMBER:		P18000045273	
The enclosed Articles of Amendmen	and fee are s	ubmitted for filing.	
Please return all correspondence con	scerning this m	atter to the following:	
		Andrea Fortunato	
		Name of Contact Perso	n
	_	Firm/ Company	
		4832 NW 107th PL	
<del></del>	<u>-</u>	Address	
		Doral, FL	
		City/ State and Zip Cod	le
		andreaa23g@gmail.co	m
E-mail ac	ddress: (to be u	sed for future annual report	notification)
For further information concerning the	his matter, plea	se call:	
Andrea Fortu	unato	at ( 786	) 328-0448
Name of Contact Pers	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Depa	artment of State:
	Filing Fee & ate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

Andrea Eli Fortunato, P.A	
(Name of Corporation as currently filed with the Florida Dep	t. of State)
P18000045273	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> at its Articles of Incorporation:	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Andrea Fortunato, P.A	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation n "chartered," "professional association," or the abbreviation "P.A."	or the abbreviation "Corp." came must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<del> </del>	51 20
C. Pater and W. Ali and M. Ali an	> C
C. Enter new mailing address, if applicable: (Mailing address MAY BE, A POST OFFICE BOX)	SE E T
	In the second
<del></del>	
D. Hammadina share in the second seco	(C)
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	ne of the $\mathbb{R}^{\mathbb{R}} \stackrel{\square}{\mapsto} \mathbb{S}$
Name of New Registered Agent Andrea Fortunato	
4832 NW 107th PL	<del></del>
(Florida street address)	
New Registered Office Address: Doral (City)	Florida 33178 (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
	, , , , , ,
Ja vie.	
Signature of New Registered Agent, if changing	<del></del>
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.

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)	<u>Title</u>	Name		<u>Addres</u> s
1) X Change	P		Andrea Fortunato	
Add				<u>s2</u> 0
Remove				ECRE AU
2) Change		_		- S G S
Add				
Remove 3 ) Change	_	<del>-</del> —		
Add				nf ω
Remove				
4) Change		_		
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Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Artic	eles, enter change(s) here:	
Attach additional sheets, if necessary).	(Be specific)	
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he date of each amendment ate this document was signed.	(s) adoption:		, if other than
Mective date <u>if applicable:</u>			
	(no more than 90 days after amendment file date)		
ote: If the date inserted in to ocument's effective date on the	his block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will	not be listed as t
doption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder act	ion and	shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	(s)	
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	eni	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	2021 #	er zez
by		SINV	
	(voting group)	26	i, te <del>sam</del>
Dated	08/19/2021 / / /	AH S	J
Signature		ဘ <b>သ</b> သ	
seie	a director, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other cound inted fiduciary by that fiduciary)		•
	. (		
	Andrea Fortunato		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		<del></del> _