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Name Change

JUN 0 7 2022 D CUSHING

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Varues	sa Donaldson, P.A.
DOCUMENT NUMBER: P180000	154154
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Vaness	sa Caruso
Kelle 2 Willi	Name of Contact Person AMS Palty Atlantic Pait Mess Firm/ Company
3754 Gr	olden Reeds Lane
Jacksoni	Address All State and Zip Code
E-mail address: (to be use	Caracter (Com Com Com Com Com Com Com Com Com Com
For further information concerning this matter, pleas	, 10
Vane of Contact Person	at (004) 1014-1630 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed) \$\sum_{\$52.50\$ 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Article	s of Incorporation		
Vanissa 1	Donaldson	a.P.A.	
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)	•
PISOOC (Document Nu	00 54 154 mber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corp</i> o	oration adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corporat	uso P.A.		The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp."	ion," "company," or "incor Co" - A professional corre	porated" or the abbreviatio	n "Corp.," i the word
"chartered," "professional association," or the abbreviation			2022
			2 * * * * * * * * * * * * * * * * * * *
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
integral office and the integral and integra	,	4:23	9 .
		$\frac{1}{2}$	교 개기
	 	, 31	
C. Enter new mailing address, if applicable:			: 2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		F*1	<u>ഗ</u>
			
		 .	
D. If amending the registered agent and/or registered offi	ce address in Florida, ente	er the name of the	
new registered agent and/or the new registered office a		. .	
Maria d'Alexa Desdes med Arena			
Name of New Registered Agent		 	•
			-
(Flo	orida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered		TP 2 CA CO	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the a	obligations of the position.	

Signature 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)

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u> </u>	Mike Jones	·	
X Add	<u>SV</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>Ni</u>	ame	<u>Addres</u> s
i) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				···
4) Change				
Add				
Remove				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change	~~~			
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
	· · · · · · · · · · · · · · · · · · ·	
		
 		
		
f an amendment provides for an exc	hange, reclassification, or cancellation of issuendment it not contained in the amendment it	ed shares,
(if not applicable, indicate N/A)	nument if not contained in the amendment in	<u>sen.</u>
		
		•
		
_		

	_, if other than the
Late this document was signed. Effective date if applicable: 4/4/22	
Effective date if applicable: 4 / / / / / / / / / / / / / / / / / /	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	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.	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 4 14 12 1	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
(Title of person signing)	