P1800003705

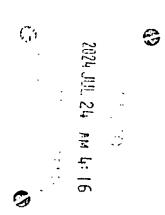
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

Division of Corporations NAME OF CORPORATION: Michelina Manuel P.A. P13000063705 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelina Castaneda Name of Contact Person Lauderdale FL 33312
City/ State and Zip Code Cealestatewin Michellina agmail. Com
E-mail address: (to be used for filture annual report notification) For further information concerning this matter, please call: Michelina Castaneda at (954) 839-5201
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

Michelina Manu	el P.A.		_
(Name of Corporation as currently	filed with the Florida De	pt. of State)	_
<u>P18000063705</u>			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation	adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
mame must be distinguishable and contain the word "corporation." "cor	P. A.		The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporatea professional corporation	l" or the abbreviation name must contain	n "Corp.," n the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA	202h JUL 24	9
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the n	ame of the	·
Name of New Registered Agent Michelina	Castaneda)
2278 Clif	Castaneda es Place	B	-
New Registered Office Address: Fort Laude			
· ·	.,,,	(1.4)	ma,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligation	ms of the position.	
Menolino-C Signature of New Reg	astenedo istered Agent, if changing		-

Check if applicable

 \square 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>P1</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>	<u>Name</u>		<u>Addres</u> s
1) Change	<u>P</u>	Michelina	N. Manuel	DOTE Chipper Place- Fort Landerdow, fr 53312
Add				Fort Landerdow, fr 53312
Remove	P	Michaeline	Castanack.	2278 Clipper Place
2) Change Add		_ <u>[woonellyo</u>	<u>Laston</u> tar	Fort Lauderdale, PL33317
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amendin</u> (Attach <i>addi</i>	g or adding addi itional sheets, if n	itional Articl recessary).	<mark>les, enter chai</mark> (Be specific)	ige(s) here:			
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provisions	dment provides : for implementi	ng the amen	nge, reclassifi Iment if not c	cation, or can ontained in tl	icellation of is he amendmen	sued shares, t itself:	
(if not	applicable, indic		11/1				
			NIA	-			
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The date of each amer date this document was	idment(s) adoption:	NIA	<u> </u>	, if other than
Effective date <u>if appli</u>	-	NIA		date)
		neet the applicable		ements, this date will not be listed a
Adoption of Amendm	ent(s) (CHEC	CK ONE)		
The amendment(s) vaction was not requi		orporators, or boar	rd of directors without s	hareholder action and shareholder
	vas/were adopted by the sha was/were sufficient for appr		mber of votes east for t	ne amendment(s)
	vas/were approved by the sh provided for each voting gro			
	of votes cast for the amendm	ieni(s) was/were s	ufficient for approval	
by			·"	
	(voting	group)		
Date	1 <u>7/12/24</u> Hure <u>Michel</u>		_	
Signa	nture Michel	ina Cast	aredo	
2.5	 (By a director, presiden 	nt or other officer - orator – if in the ha	if directors or officers ands of a receiver, truste	
	Mic	helina (Castaneda ne of person signing)	
	_			
		residen		
	(Tid	le of person signin	ត)	