P18000090080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

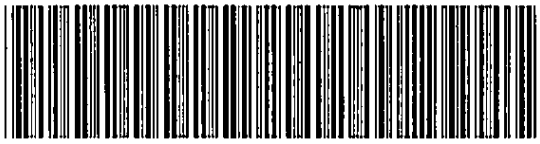
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00789, 00611, 00671

RA cannot serve as own Registered Agent

Office Use Only



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01/11/23--01011--002 **35.00

2023 FEB 13 AM 10:32

A BUTLER

MAY 10 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Samantha Kirch P.A.

DOCUMENT NUMBER: P18000090080

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Taravella
Name of Contact Person

Samantha Kirch PA
Firm/ Company

24200 Mountain View Drive
Address

Bonita Springs FL 34135
City/ State and Zip Code

samantha@grantgroupFL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Taravella at (239) 908-1558
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:

- ■ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $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
to
Articles of Incorporation
of

Samantha Kitch PA

2023 FEB 13 AM 10:32

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000090080

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Samantha Taravella PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Samantha Taravella (Same person, married & name changed)

4450 Bonita Beach Rd. Ste 12
(Florida street address)

New Registered Office Address: Bonita Springs, Florida 34134
(City) *(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.

Samantha Taravella 3/30/23
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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	

Type of Action (Check One)	Title	Name	Address
1) X Change	P	Samantha Taravella	4450 Bonita Beach Rd. Suite 12
Add			Bonita Springs FL 34134
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary*) (*Be specific*)

Samantha Kirch is the sole principal for Samantha Kirch PA. Samantha Kirch was legally married and her name legally changed to Samantha Taravella on 10 27 22. Both the principal's name has changed to Samantha Taravella and the Corporation name should also be changed to Samantha Taravella PA. Marriage license is attached and name has been changed with the Social Security Administration also.

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(*If not applicable, indicate N/A*)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 1/9/2023

Signature Samantha Taravella

(If 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)

Samantha Taravella
(Typed or printed name of person signing)

President
(Title of person signing)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2023

SAMANTHA TARAVELLA
24200 MOUNTAIN VIEW DRIVE
BONITA SPRINGS, FL 34135

SUBJECT: SAMANTHA KIRCH PA
Ref. Number: P18000090080

We have received your document for SAMANTHA KIRCH PA and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

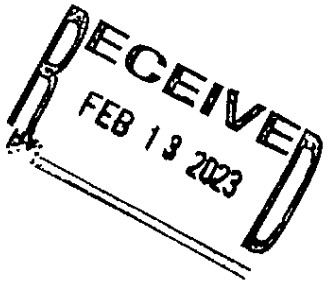
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 323A00006289



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2023

SAMANTHA TARAVELLA
24200 MOUNTAIN VIEW DRIVE
BONITA SPRINGS, FL 34135

SUBJECT: SAMANTHA KIRCH PA
Ref. Number: P18000090080

We have received your document for SAMANTHA KIRCH PA and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00008626

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
BUNCOMBE COUNTY
OFFICE OF REGISTER OF DEEDS

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES • N.C. VITAL RECORDS

LICENSE NUMBER: 155 1942
COUNTY: Buncombe

APPLICANT 1

NAME First	Middle	Last	Last name prior to first marriage
SAMANTHA	AUSTIN	KIRCH	

Gender	Residence State	County	City, Town or Location	Inside City Limits
F	FLORIDA	LEE	BONITA SPRINGS	Yes

Street and Number	Birthplace (County & State)	Date of Birth	Age
24200 MOUNTAIN VIEW DRIVE	HENNEPIN, MN	12/30/1991	30

Parent's Name at Parent's Birth	State of Birth	Address if Living
STEPHANIE LEE BORDEN	MINNESOTA	1025 VIRGINIA AVE #1104, FORT MYERS FL
TIMOTHY EDWARD KIRCH	OHIO	DECEASED

Race	Number of this Marriage	If previously married: Last Marriage Ended By	Date	Education: Elementary	High School	College
WHITE	FIRST					4

APPLICANT 2

NAME First	Middle	Last	Last name prior to first marriage
JAMES	MATTHEW	TARAVELLA	

Gender	Residence State	County	City, Town or Location	Inside City Limits
M	FLORIDA	LEE	BONITA SPRINGS	Yes

Street and Number	Birthplace (County & State)	Date of Birth	Age
24200 MOUNTAIN VIEW DRIVE	OAKLAND, MI	9/20/1991	30

Parent's Name at Parent's Birth	State of Birth	Address if Living
SUZANNE MICHELLE SINGER	MICHIGAN	5655 GARDENS DRIVE SARASOTA FL
JAMES ANGELO TARAVELLA	MICHIGAN	UNATTAINABLE

Race	Number of this Marriage	If previously married: Last Marriage Ended By	Date	Education: Elementary	High School	College
WHITE	FIRST					2

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE

SIGNATURE OF APPLICANT 1: [signature]

SIGNATURE OF APPLICANT 2: [signature]

Doc ID: 035582780001

To any ordained minister of any religious denomination, minister authorized by a church, federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized, at any time within 90 days from the date hereof, to celebrate the proposed marriage at any place within this State. The minister or other person celebrating this marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of $200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS September 02, 2022

Drew Reisinger
REGISTER OF DEEDS

[signature] DEPUTY / ASSISTANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: Month 10 Day 27 Year 2022
PLACE OF MARRIAGE COUNTY: Madison

SIGNATURE OF OFFICIANT: Amanda Jones
TITLE: Minister
NAME OF OFFICIANT (PRINT/TYPE): Amanda Jones
ADDRESS: 10 A B Madison ..., Asheville, NC 28...

SIGNATURE OF WITNESS: [signature]
NAME OF WITNESS (PRINT/TYPE): Gary Frejonese
ADDRESS OF WITNESS: 7727 Thunderbird Circle, Sarasota, FL 34243

SIGNATURE OF WITNESS: Allison Sugden
NAME OF WITNESS (PRINT/TYPE): ALLISON SUGDEN
ADDRESS OF WITNESS: 2535 Arapaho St. Sarasota FL 342..

DATE RETURNED TO REGISTER OF DEEDS: 10-28-2022 RECEIVED BY: Teyinta Minton

DHHS 2132
N.C. VITAL RECORDS (Revised 11/2018)

REGISTER OF DEEDS COPY

Volume 155 Page 1942

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office

Drew Reisinger
Register of Deeds
Buncombe County

Witness my hand and official seal
this the 31st day of October 20 22 By [signature]
Deputy Register of Deeds

DHHS ... N.C. VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA
BUNCOMBE COUNTY
OFFICE OF REGISTER OF DEEDS

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES - NC VITAL RECORDS

155 1942
LICENSE NUMBER

Buncombe
COUNTY

APPLICANT 1

1. NAME: FIRST: SAMANTHA	MIDDLE: AUSTIN	LAST: KIRCH	1a. LAST NAME PRIOR TO FIRST MARRIAGE		
2. SEX: F	3. RESIDENCE STATE: FLORIDA	4. COUNTY: LEE	5. CITY, TOWN OR LOCATION: BONITA SPRINGS	6. INSIDE CITY LIMITS: Yes	
7. STREET AND NUMBER: 24200 MOUNTAIN VIEW DRIVE		8. BIRTHPLACE (COUNTY & STATE): HENNEPIN, MN	9. DATE OF BIRTH: 12/30/1991	10. AGE: 30	
11. PARENT'S NAME AT PARENT'S BIRTH: STEPHANIE LEE BORDEN		12. STATE OF BIRTH: MINNESOTA	13. ADDRESS OF PARENT: 1925 VIRGINIA AVE #104 FORT MYERS FL		
14. PARENT'S NAME AT PARENT'S BIRTH: TIMOTHY EDWARD KIRCH		15. STATE OF BIRTH: OHIO	16. ADDRESS OF PARENT: DECEASED		
17. RACE: WHITE	18. NUMBER OF THIS MARRIAGE: FIRST	19. PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY:	20. DATE: MONTH / YEAR	21. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): ELEMENTARY / HIGH SCHOOL / COLLEGE	

APPLICANT 2

1. NAME: FIRST: JAMES	MIDDLE: MATTHEW	LAST: TARAVELLA	1a. LAST NAME PRIOR TO FIRST MARRIAGE		
2. SEX: M	3. RESIDENCE STATE: FLORIDA	4. COUNTY: LEE	5. CITY, TOWN OR LOCATION: BONITA SPRINGS	6. INSIDE CITY LIMITS: Yes	
7. STREET AND NUMBER: 24200 MOUNTAIN VIEW DRIVE		8. BIRTHPLACE (COUNTY & STATE): OAKLAND, MI	9. DATE OF BIRTH: 9/20/1991	10. AGE: 30	
11. PARENT'S NAME AT PARENT'S BIRTH: SUZANNE MICHELLE SINGER		12. STATE OF BIRTH: MICHIGAN	13. ADDRESS: 5655 GARDENS DRIVE SARASOTA FL		
14. PARENT'S NAME AT PARENT'S BIRTH: JAMES ANGELO TARAVELLA		15. STATE OF BIRTH: MICHIGAN	16. ADDRESS: UNATTAINABLE		
17. RACE: WHITE	18. NUMBER OF THIS MARRIAGE: FIRST	19. PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY:	20. DATE: MONTH / YEAR	21. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): ELEMENTARY / HIGH SCHOOL / COLLEGE	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE AND FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE

SIGNATURE OF APPLICANT 1: Samantha Kirch

SIGNATURE OF APPLICANT 2: James Taravella

Doc ID: 035592780001

To any ordained minister of any religious denomination, minister authorized by a church federally or state recognized Indian nation or tribe, magistrate, or any other person authorized to solemnize a marriage under the laws of this State, you are hereby authorized at any time within 60 days from the date hereof, to celebrate the proposed marriage in any place within this State. The minister or other person celebrating the marriage is required within 10 days to return this license to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of $200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS: September 02, 2022

Drew Reisinger
REGISTER OF DEEDS

DEPUTY / ASSISTANT

WITNESS

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH 10 DAY 27 YEAR 2022	21a. PLACE OF MARRIAGE - COUNTY: Madison
22. SIGNATURE OF OFFICIAL: Amanda Jones	23. TITLE OF: Minister
24. NAME OF OFFICIAL (PRINT/TYPE): Amanda Jones	25. ADDRESS: 102 B Madison Ave Asheville, NC 28801
26. SIGNATURE OF WITNESS: Grey Freymesc	27. SIGNATURE OF WITNESS: Allison Sugden
28. NAME OF WITNESS (PRINT/TYPE): Grey Freymesc	29. NAME OF WITNESS (PRINT/TYPE): ALLISON SUGDEN
30. ADDRESS OF WITNESS: 7707 Tuckahoe Circle, Sarasota FL 34243	31. ADDRESS OF WITNESS: 2555 Ringling St. Sarasota FL 34237

DATE RETURNED TO REGISTER OF DEEDS: 10-28-2022 RECEIVED BY: Teyonta Morton

DHHS 2132
NC VITAL RECORDS (Rev. 11/2018)

REGISTER OF DEEDS COPY

Volume 155 Page 1942

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office

Witness my hand and official seal
this the 31st day of October 2022

Drew Reisinger
Register of Deeds
Buncombe County

By: Deputy Register of Deeds

DHHS 5914 (REVISED 5/06) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.