P19000003799

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SEGRETARY OF STATE
TATE A PLACEMENT.

A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	PAULA MCCOR ATION:	MACK, PA				
DOCUMENT NUMB	P19000003799 ER:					
The enclosed Articles of	of Amendment and fee are so	abmitted for filing.				
Please return all corresp	oondence concerning this ma	atter to the following:				
	LY-PAULA MCCORMACK	:				
-	PAULA MCCORMACK, PA	Name of Contact Perso	n			
-	721 PALMETTO ST.	Firm/ Company				
,	Address WEST PALM BEACH, FL 33405					
_		City/ State and Zip Cod	e			
1	MYREALTORPAULA@IC	LOUD,COM				
_	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
LY-PAULA MCCORM	ACK	561 at (757-0090			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	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)	□\$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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FHED

DATHA	MCCORMACK	DΛ

(<u>Name</u>	of Corporation as currently filed with the Flo	க்கிற்குர், எ\$tate) 12: 45		
P19000003799 SECRETARY OF STATE				
	(Document Number of Corporation (if known	OWN)ALLAHASSEE, FL		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
LY-PAULA MCCORMACK, PA		Thenew		
	the word "corporation," "company," or "incor Corp," "Inc," or "Co", A professional corp `or the abbreviation "P,A,"	rporated" or the abbreviation "Corp.,"		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>				
	nd/or registered office address in Florida, ento	er the name of the		
new registered agent and/or the ne	LY-PAULA MCCORMACK			
	721 PALMETTO ST.			
	(Florida street address)			
New Registered Office Address:	WEST PALM BEACH	33405 . Florida		
	(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.

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 Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding Attach <i>additional sheet</i>	e if nacaceaneel	(Ra engeifiel	(s) nere:		
хасн ишиноны меен	s, y necessary).	гое крестусу			
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an amendment provi	<u>ides for an excha</u>	nge, reclassificati	on, or cancellation	on of issued shares	<u>),</u>
rovisions for implem (if not applicable, i	enting the amend	iment if not conta	ained in the ame	<u>idment itself:</u>	
(у та аррисате, і	naicate WA)				
		 			
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 9t) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by _		
	(voting group)	
7/5/202 Dated Signature	lefale	
(By a selec	director president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	LY-PAULA MCCORMACK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	