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A. RAMSEY

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>VIRGUAL</u>	A MACK P.A	<u>-</u>		
DOCUMENT NUMB	er: <u><i>P190000</i></u> 5	50h			
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
		Name of Contact Person			
-		Firm/ Company			
-	3810 NW	Address			
-	BOIA RATON F. 33431 City/ State and Zip Code				
For further information	E-mail address: (to be us	LIAMC AMAIL LOY sed for future annual report se call:	Mnotification)		
VIEHINIA	SUNL7=	at (5 l. l	400 - 2897		
Name of Contact Person		Area Co	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	S43.75 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

FILED	
2022 JAN 1 1 AN 10	

Virginia Mack P.A.

(Name of Corporation as currently fi

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

P1900000 5506

(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 co	rporation:	
VIRGINIA SCHI	MZE PA.	The new
name must be distinguishable and contain the word "con" inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation n	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	20 000) MOUNE
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent		me of the
	3810 NW 300 AF (Florida street address)	, Florida33431
New Registered Office Address:	(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.

Signature of New Registered Agent, if ghanging

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.

X Change	<u> 14</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>\$V</u>	Saily Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				
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,	ing or adding additional A lditional sheets, if necessary,). (Be specific)			
					
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f an ame	ndment provides for an ex	change, reclassifica	tion, or cancellati	on of issued share	<u>5.</u>
provisioi (if n	ns for implementing the an ot applicable, indicate N/A)	nendment if not cor	<u>itained in the ame</u>	ndment itself:	
(9 ///	rich in the state of the state				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK O	<u>NE</u>)
The amendment(s) was/were adopted by the incorpo action was not required.	rators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group a	
"The number of votes cast for the amendment(s) was/were sufficient for approval
by(voting grow	··
(voting grou	0)
Dated 1/4/27 Signature 7	Hm_
(By a director, president or	other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that	fiduciary)
VIRHIN	TA SCHULTE r printed name of person signing)
(Typed o	r printed name of person signing)
p_{i}	PESIDENT person signing)
(Title of	person signing)