## P190000017206

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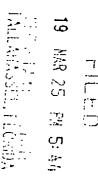
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APR 05 2019 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Carmella Smith I	PA
DOCUMENT NUMBER: P19000017206	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Carmella Smith	
	Name of Contact Person
Carmella Smith PA	
	Firm/ Company
175 Galicia Way, #205	
	Address
Jupiter FL 33458	
	City/ State and Zip Code
carmellasmith@keyes.com	
	used for future annual report notification)
	,,, <b>,</b>
For further information concerning this matter, ple	ase call:
Carmella Smith	at () 309-6761
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Carmella Smith PA				
(Name o	f Corporation as curre	ntly filed with the Floric	la Dept. of State)	-
P19000017206				
	(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corpord</i>	ation adopts the following ame	ndment(s) to
A. If amending name, enter the new na	me of the corporation:			
Carmella Greco Smith PA			77	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional	incorporated" or the abbrevi	ation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A ST				<del></del>
			<u>- 語の語</u>	T
			<i>ii.</i> 1∨	
				, tu
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A		! ()
(Muning numers MAT DE ATOM)	JITICE DOA	<u></u>	<u> </u>	<u>ù_</u>
				<del> -</del> -
			<b>,</b> ,	
D. If amending the registered agent an			the name of the	
new registered agent and/or the nev		<u> </u>		
Name of New Registered Agent	N/A		· · · · · · · · · · · · · · · · · · ·	
	(Florida	strect address)		
	N/A			
New Registered Office Address:		(City)	, Florida	
		1011,7	Elp concy	
New Registered Agent's Signature, if cl	nanging Registered Age	nt:		
I hereby accept the appointment as registe	ered agent. I am familia	r with and accept the obl	igations of the position.	
	K1/5			
	N/A	Registered Agent, if cha	Noine.	
	Signature of New	v Kegisierea Ageni, ij cha	nging	

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:	:, una sai	iy Smith, Sr us an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) N/A Change			
N/A Add N/A Remove			
Kemove			
2) N/A Change			
N/A Add			
N/A Remove			
3) N/A Change			
N/A Add			
N/A Remove			
4) N/A Change			
N/A Add			
N/A Remove			
5) N/A Change			
N/A Add	-		
N/A Remove			
6) N/A Change			
N/A Add			<del></del>
N/A Remove			

	litional sheets, if i	• • •	(Be specific)				
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				<del>.</del>	<del></del> -	<del> </del>	
				<u>,</u>			<b></b>
f an amen	idment provides	for an exchan	ge, reclassifi	cation, or can	cellation of iss	ued shares,	
(if not	<mark>s for implementi</mark> t applicable, indic	ng the amend cate N/A)	ment it not c	ontainea in th	<u>ie amenoment</u>	itseit:	
<b>A</b>		,					
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		<del></del>					· ·

	3/22/2019	16 -41 41 41
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	2012010	
Effective date if applicable:	/21/2019	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s,	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and sharehold	
3/	22/2019	
Dated	——————————————————————————————————————	
Signature	armella Smith	
(By : selec	a director, president or other officer – if directors or officers have not eted, by an incorporator – if in the hands of a receiver, trustee, or othe binted fiduciary by that fiduciary)	
	Carmella Smith	
	(Typed or printed name of person signing)	_
	CEO	
	(Title of person signing)	