## P19000020388

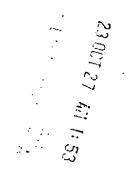
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SaJo! Davis Jr PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lola Aspen
Name of Contact Person Firm/ Company 6701 W Dormany Rd
Address Plant City, Fr. 33565
City/State and Zin Code E-mail address: (to be used for future (a) mual report notification) For further information concerning this matter, please call: Lola Aspen at 813 760-0676

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 & ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to

·	
Articles of A	mendment ?
to Articles of Inc	·
of	4.7
SaJo Davis	SC PA
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000293	388
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Lola Aspen P.	A. The same
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10701 W Dormany Rd Plant copy, Fr. 33565
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10701 W Dormsny Rd Plant City, FZ 33565
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent Lola As	pen
New Registered Office Address: Rant CA	Dormany Rd reel address)
New Registered Office Address: Ront CA	y , Florida 33565 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
_ Lilatsen	legistered Agent, if changing
	egisterea Agent, ij 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) 🗹 Change	P	Lola Aspen	6701 W Dormany Rd Plant City, Fe 33565
			Plant City, FE 33565
Remove			
2) Change		<del></del>	
Add			
Remove 3 ) Change			
Add			
Remove		1 •	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additie</i>	nal sheets, if necessary	). (Be specific	)			
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an amendi	ient provides for an e	xchange, reclas	sification, or ca	encellation of	issued shares	<b>.</b>
rovisions f	or implementing the a plicable, indicate N/A)	mendment if no	t contained in	the amendme	ent itself:	_
	•					
n	<u> </u>		<del></del>			
·						

The date of each amendment(s) addate this document was signed.	option: <u>N/2</u>		_, if other than the
Effective date <u>if applicable</u> :	nla		
<del></del>	(no more than 90) de	ays after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De		le statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or boar	ard of directors without shareholder action and s	Shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.		umber of votes cast for the amendment(s)	
		th voting groups. The following statement e separately on the amendment(s):	
	for the amendment(s) was/were s		
by board of o	(voting group)	<u></u>	
•	(voting group)		
Dated   o	23/2023 DASpin		
Signature 7	detsem		
(By a dir	ector, president or other officer -	<ul> <li>if directors or officers have not been</li> </ul>	-
	, by an incorporator – if in the ha ed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court	
	Lola ASP	Pen	
-	Lola Asp (Typed or printed name	ne of person signing)	
	President	<u>.                                    </u>	
-	(Title of person signin		