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COVER LETTER

TO: Amendment Section Division of Corporations

A & A REAL ESTATE CONCIERGE SERVICES, P.A

NAME OF CORPORATION:				
P19000021239				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the followi	ng:		
ALEXANDER H GARCIA				
	(Name of Cont	act Person)		
	(Firm/ Cot	npany)		
8245 NW 36 ST SUTTE 9				
	(Addro	288)		
EORAL, FL 33166				
	(City/ State and	d Zip Code)		
TAXESAPLUS@GMAIL.COM				
E-mail address: (to b	oe used for future annu	ual report n	otificatio	1)
For further information concerning this matter.	please call:			
ALEXANDER H GARCIA		786		2361994
(Name of Contact)	Person)	at (Arc	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the FI	orida Depa	nment of	State
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	ice & E843.75 Filin status Certified Co (Additional enclosed)	ppy	Certif Certif (Addi	0 Filing Fee ficate of Status fied Copy nional Copy is osed)
Mailing Address			Address ment Sect	son.
Amendment Section Division of Corporations			n of Corp	orations
Citizion of Corporations		(11)		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallalussee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

A & A REAL ESTATE CONCIERGE SERVICES, P. A.

(Name of Corporation as currently filed with the Florida	Dept. of State)	2022 JUN -7 AM 7: 13		
P19000021239				
(Document Nun	iber of Corporation (i	fknown ALLAHAU TE, FL		
Pursuant to the provisions of section 617,1006. Florida State amendment(s) to its Articles of Incorporation:		· · ·		
A. If amending name, enter the new name of the corpor A & A REAL ESTATE & INSURANCE SERVICES INC		The new		
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorpora 8245 NW 36 ST 8			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8245 NW 36 8T SUTH: 9			
	DORAL, FL3316			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	<u>ffice address in Flori</u> <u>: address:</u>	da, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:		11% ouds street address)		
New Registered village Address.				
	(Сиуг	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Register	ed Agent:	A		
I hereby accept the appointment as registered agent. I am	familiar with and a c	ip) the obligations of the position.		

The date of each amendment(s) addate this document was signed.	option:, if other than the
Decomples data te assistantian	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	ck does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the De	partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes east for the amendment(s)

. □,	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 95/26/2023
	Signature WW WWW
	(By the chairman or vice chairman of the boards president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Harding Equality (Typed or printed name of person signing)
	PREGIDENT- OWNER.
	(Title of person signing)