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COVER LETTER

Division of Corpo		•		
NAME OF CORPOR DOCUMENT NUMB	Old now	nt Abreira 042127	Sog P.A.	
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.		
Please return all corresp	condence concerning this mat	ter to the following:		
	lisa	Caruthers Name of Contact Person		
- -	lavient	^ ' . ('	sa P.A.	
_	1439 N	VE 134th Ad		
_	Oxfora	Address FL 34484 City/ State and Zip Code	4	
	abreiral	cd for future annual report	Com	
•	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
Laurent	Lisa Caruthers	at (<u>352</u>	667-9122	
Name o	f Contact Person	Area Coo	de & 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 & 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)	
	ing Address ndment Section	· · · · · · · · · · · · · · · · · · ·	Address ment Section	
Divis	sion of Corporations	Amendment Section Division of Corporations		
P.O.	entre of Tallahassee N. Monroe Street, Suite 810			
сана	hassee, FL 32314		issee, FL 32303	

Articles of Amendment to

Articles of Incorporation

Laurent Abreira Sc	Sa P.A.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amending
A. If amending name, enter the new name of the corporation:	
Lisa Caruthers P.A.	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	M39 NE 134th Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1439 NE 134th Rd Oxford, PL 34484
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1439 NE 134th PJ
	Oxford, FL 34484
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
	* 1/ N
Name of New Registered Agent	NA
(Florida stree	et addissa)
·	a uturess)
New Registered Office Address:	, Florida City) (Zip Code)
	(inp state)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
A	anthers
Signature of New Reg	gistered Agent, if 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			
_X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change	AK		N/A		NA
Add			1		
Rеточе					
2) Change		_			
Add					
Remove 3) Change					· · · · · · · · · · · · · · · · · · ·
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4) Change		<u> </u>			
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5) Change					
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6) Change					
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Remove					

amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	acn additional sheets, if	litional Articles, e necessary). (Be :	specific)	_		
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
<u>. applicable</u> .	(no more than 90 days after amendment file date,)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am fficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	N/A	
	(voting group)	
Dated	117/2020	
Signature	Carliner	
(By a d	rector, president or other officer - if directors or officers have	
	1. by an incorporator – if in the hands of a receiver, trustee, or	other court
арроіпі	ed fiduciary by that fiduciary)	
	Lisa Canthers	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	