P19000050265

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filian Office
Special Instructions to Filing Officer:

Office Use Only



600371768846

08/16/21--01021--028 **52.50

2021 AUG 16 PM 4: OR

A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FREDDY MONTE	JO, P.A.	
DOCUMENT NUM	P19000050265		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	FREDDY MONTEJO		
		Name of Contact Person	
		Firm/ Company	_
	4595 SW 139TH CT UNIT C	•	
	·	Address	
	MIAMI, FL 33175		
		City/ State and Zip Code	
For further informati	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
FREDDY MONTEJ	10	at (_)
Name	e of Contact Person	Area Coo) de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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)
	ailing Address mendment Section	Street Amend	Address ment Section
	ivision of Corporations		n of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of



to

FREDDY MONTEJO, P.A.	2021 AUG 16 PM 4: 08
(Name of Corporati	ion as currently filed with the Florida Dent, of State)
P19000050265	SECRETAL OF STATE
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:
	The new
name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbra	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	e: DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)
D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the toffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address;	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sig	nature of New Registered 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 F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the F 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.

Evample: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>y</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change				
Add				
				
Remove				

If amending or adding additional (Attach additional sheets, if necessity)	essary). (Be specific	ý			
HANGE THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED TO ANY BUSINESS PERMIT					
Y LAW.					
				· · · · · ·	
					 _
			<u> </u>		
					
				_	
				<u> </u>	
<u> </u>					
If an amendment provides for provisions for implementing	the amendment if no	sification, or car ot contained in t	ncellation of issu he amendment it	ed shares, self:	
(if not applicable, indicat	e N/A)				
					. ——

•	06/20/2021	
The date of each amendmen		, if other than th
date this document was signed		
Effective date if applicable:	06/20/2021	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s): s cast for the amendment(s) was/were sufficient for approval	en.
by	(voting group)	
06/20 Dated	7/2021	
Signature _	by a director, presidence of other officer – if directors or officers have not been	
(1	elected, by an incorporator – if in the hands of a receiver, trustee, or other cou	1
	ppointed fiduciary by that fiduciary)	
"		
	YEEDON KONSTEW	
	(Typed or printed name of person signing)	<u></u>
	0.7	
	MERIOPOST	

)