

Florida Department of

Division of Corporations
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H210003912093ABC

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To:

Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EMILIE ESTHER PITTS, INC.**

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007-82 2021

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2021 OCT 21 PM 12:40

2021 OCT 21 PM 12:12



October 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMILIE ESTHER PITTS, INC.
9248 SE ISLAND PL.
TEQUESTA, FL 33469

SUBJECT: EMILIE ESTHER PITTS, INC.
REF: P19000069750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000391209
Letter Number: 521A00025630

Articles of Amendment
to
Articles of Incorporation
of

EMILIE ESTHER PITTS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000069750

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EMILIE ESTHER PITTS, P.A.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

82 WILLOW STREET Apt 3

BROOKLYN, NY 11201

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

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CLERK OF STATE
TALLAHASSEE, FL

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

The purpose of the corporation is for the practice of law.

The purpose of the study is to

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by Jenisa Irizarry
(voting group)"

Dated 10/20/2021

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jenisa Irizarry

(Typed or printed name of person signing)

Attorney-in-Fact for EMILIE E PITTS, Director

(Title of person signing)

□ □

Norton Hammersley

Norton, Hammersley, Lopez & Skokos, P.A.

1819 Main Street, Suite 610

Sarasota, FL 34236

Telephone: 941.954.4691

Fax: 941.954.2128

JOHN M. COMPTON

CHRISTOPHER J. FOWLER

ALEXANDRA S. GLAUSER

KIRSTEN E. GUERIN

PHILIP N. HAMMERSLEY

JOSEPH M. HERBERT

J. DERRICK MAGINNESS

SAM NORTON

PETER Z. SKOKOS

.....

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Message: Attached are the Articles of Amendment to the Articles of Incorporation for Bolero Home Décor, Inc.

PLEASE FAX THE ACKNOWLEDGEMENT LETTER TO 941-954-2128.

Please contact me directly if you do not receive all of the pages on this filing as time is of the essence with this filing. My number is 941-954-4691 and my email is kbenton@nhslaw.com

We appreciate your assistance with this matter. Thank you!

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