## P19000078767

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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DANIELLE STO	RY PA	
	BER: P19000078767		
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	CONCETTA R LUPARDO	СРА	
		Name of Contact Person	n
	CONCETTA R LUPARDO	СРА РА	
		Firm/ Company	······
	1751 AVENIDA DEL SOL	- •	
		Address	
	BOCA RATON FL 33432		
		City/ State and Zip Cod	e
	CONCETTA@LUPARDOC	PA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea		
		at (	
Name of Contact Person Area Co		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee F. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DANIELLE STORY PA				
	ation as currently filed with the	Florida Dept. of State)		
P19000078767	<del></del>	<del></del>		
(Doc	ument Number of Corporation (if	known)		
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Co	orporation adopts the following	ig amendmen	it(s) to
A. If amending name, enter the new name of the	corporation:			
DANIELLE STORY MARKERT PA			***	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abb	c," or "Co". A professional co	corporated" or the abbreviati prporation name must contai	_The _new on "Corp.," in the word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: ODRESS )		<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
			753	
	<del></del>		7	1
	<del></del>		رون <u>د تن .</u> مورد -	<u>ئ</u> د د >
D. If amending the registered agent and/or regist	ered office address in Florida, e	nter the name of the	(1)	<b>-</b> 1
new registered agent and/or the new registered	d office address:	SSG A	P	- <u>;</u>
Name of New Registered Agent		ന്ന	့ ယှ 📞	
		产当	3: 1:3	
	(Florida street address)		,	
New Registered Office Address:		, Florida		
	(City)	(Zip C	(ode)	
New Registered Agent's Signature, if changing Re	wistared Aponts			
hereby accept the appointment as registered agent.	I am familiar with and accept th	e obligations of the position.		
Sier	nature of New Registered 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

tuach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	Admost if not and in this it
movisions for implementing the amen-	idition in not contained in the amendment itself:
orovisions for implementing the amend (if not applicable, indicate N/A)	difficult in not contained in the amendment itself:
movisions for implementing the amen-	nament it not contained in the amendment itself:
movisions for implementing the amen-	intent if not contained in the amendment itself:
movisions for implementing the amen-	nament if not contained in the amendment itself:
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JULY 30 2021
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 east 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
(voting group)
Signature  (By a director, president of 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)
DANIELLE STORY MARKERT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)