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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kelly Ann Albers.	P.A.	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kelly Ann Albers		
		Name of Contact Perso	n
	Kelly Ann Albers, P.A.		
		Firm/ Company	
	100 Terra Mango Loop, Suite	2 B	
		Address	
	Orlando, FL 32835		
		City/ State and Zip Coc	le
kelly	.albers@vylla.com		
	E-mail address: (to be us	sed for future annual report	t notification)
For further informatic	n concerning this matter, pleas	se call:	
Kelly Ann Albers		at (716-9389
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kelly Ann Albers, P.A.	ı I			
<u> </u>	tly filed with the Florida Dept. of St			
(Name of Corporation as curren	ny med with the Phorida Dept. or St	aic)		
	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts th	ne followi	ng amen	dment(s)
A. If amending name, enter the new name of the corporation:				
				неш
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation n			
3. Enter new principal office address, if applicable:	433 Falls Ct			
Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32714			
		ć,	21	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	433 Falls Ct	ALL.	40N 61	
	Altamonte Springs, FL 32714	50.	26	
		<u> </u>	AH I	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre-		h <u>e</u>	: 50	Total de
Name of New Registered Agent			_	
(Florida s	treet address)			
	, Flori	da	Cala	_
New Registered Office Address:	(City)			

Signature of New Registered Agent, if changing

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change	<u>-</u>	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
-				
6) Change		_		
Add				
Remove				

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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
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 <u>if applicable</u> :	
(no more the	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was	/were sufficient for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 11.22.19	
Signature Llle SA	a
	officer - if directors or officers have not been
selected, by an incorporator – it is appointed fiduciary by that fiduc	n the hands of a receiver, trustee, or other court iary)
	10 10 11
<u> Kell</u>	ted name of person signing)
(Typed or prir	ned name of person signing)
· •	resident
(1	itle of person signing)