P19 0000 88812

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COVER LETTER

10°C 13 14 9.20 TO: Amendment Section Division of Corporations NAME OF CORPORATION; _____V. K. Melhado PA DOCUMENT NUMBER: P19000088812 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vernon K. Melhado III Name of Contact Person V. K. Melhado PA Firm/ Company 2211 10th Street N. Address Naples, Florida 34103 City/ State and Zip Code info@previewnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 216-6400 Area Code & Daytime Telephone Number Vernon K. Melhado III Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🗐 \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

	poration as currently filed with the Florida Dept. of State)
P19000088812	•
(1	Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, I staticles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of	the corporation:
Vernon K. Melhado III PA	The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation "Corp.,' "Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."
B. <u>Enter new principal office address, if appl</u> Principal office address <u>MUST BE A STREE</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent	egistered office address in Florida, enter the name of the stered office address:
THINK THE THE PROPERTY OF THE PARTY OF THE P	
Marie	
	(Florida street address)
New Registered Office Address:	(City) (Florida street address) . Florida Florida

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.

X Change	<u>PT</u>	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
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shee	ig additio	onal Articles, enter change(s) here: essary). (Be specific)	

<u>. </u>	
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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)	
Page 3 of 4	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
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)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
bv	
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 10 Decer	nber, 2019
Signature	YKIIPIHATO II
(By a	director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Vernon K, Melhado III
	(Typed or printed name of person signing)
	President
	(Title of person signing)