## P19000090430

(Re	equestor's Name)			
(Ad	idress)			
(Ád	idress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	515/2/23			

Office Use Only



300403190293

0.727.28-3010.4-012 \*\*857.00

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Patrice Aquart PA				
DOCUMENT NUMBE	P19000090430				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspo	ondence concerning this mat	ter to the following:			
	PATRICE ANDREA				
_	Name of Contact Person				
		Firm/ Company			
220 NE 12 AVE, LOT #30					
_	Address				
_	HOMESTEAD FL 33030				
		City/ State and Zip Code			
	patrice	propertiesllc@gmail.com			
_	E-mail address: (to be us	ed for future annual report notifi	cation)		
Patrice Andrea		<u>at ( 786</u>	) 280 5278		
Name of	Contact Person	Area Code &	Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Departme	nt of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) (	\$52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)		
Amen Divisi P.O. L	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	The Centre	Section Corporations of Tallahassee onroe Street, Suite 810		

## Articles of Amendment Articles of Incorporation of

d with the Florida Dept. of State)  0  poration (if known)  da Profit Corporation adopts the following amendment(s)
poration (if known)
da Profit Corporation adopts the following amendment(s)
The new
any," or "incorporated" or the abbreviation "Corp" fessional corporation name must contain the word
N/A
(S)
√A S
-
· · · · · · · · · · · · · · · · · · ·
n Florida, enter the name of the
ldress)
. Florida
(Zip Code)
7

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

late this documen	amendment(s) ad it was signed.	option:	, if other than the
	_	1/1/2023	
Effective date <u>if a</u>	applicable:	(no more than 90 days after amendmen	nt file date)
Note: If the date locument's effect	inserted in this blacked in the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Ame	endment(s)	(CHECK ONE)	
The amendmen action was not	•	oted by the incorporators, or board of directors with	out shareholder action and shareholder
		pted by the shareholders. The number of votes east licient for approval.	for the amendment(s)
☐ The amendmen must be separ	nt(s) was/were app cately provided for	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the	he following statement amendment(s):
"The nur	mber of votes cast	or the amendment(s) was/were sufficient for approv	ral
by			
,		(voting group)	,
	r.	L	
	Dated	bruary 22, 2023	:
	Signature	Andrea P.	 <u>-1</u>
	(By a di selected	rector, president or other officer – if directors or offi, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	
		Patrice Andrea	
		(Typed or printed name of person signing	g)
		President	

(Title of person signing)