P19000042353

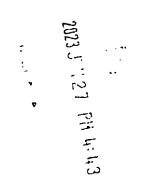
(Requestor's Name)	
(Address)	
. ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

Office Use Only



500411224465

05/27/33--01014--003 **35.00



S. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

mia Garcia P.A. NAME OF CORPORATION: DOCUMENT NUMBER: 21900009235 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company Soni a Garcia 954 @ outlook. (6)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 922-6234

Area Code & Daytime Telephone Number 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Sonia Caccia	, PA	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P19000092353	3	
	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	dlowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Sonia Pena, P.	A.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbi A professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		2023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		J.5 2
(maining dualess MAT BE ATOST OFFICE BOX)		-0
		:=- :=-
		. 43
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		_
<u> </u>	55.	
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	(Cin), Florida_	(Zip Code)
	(Ciù)	(zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the pos	sition.
Signature of New	Registered Agent, if changing	
·	Gd	
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.

X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u> </u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	
·	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment 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 moi	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's r	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK O	E)
The amendment(s) was/were adopted by the incorpora action was not required.	ors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s	was/were sufficient for approval
by horporators (voting group	·
(voting group	
Dated 6/20/2023	
Signature) oui
	ner officer – if directors or officers have not been
• • • • • • • • • • • • • • • • • • •	if in the hands of a receiver, trustee, or other court
appointed fiduciary by that I	fuciary)
S	ia Pena
	printed name of person signing)
Presi	lent
(Title of p	erson signing)