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COVER LETTER

TO: Amendment Se Division of Cor		•				
*	•					
NAME OF CORPO	ORATION: Theeranee Schmid	it PA				
DOCUMENT NUM	ИВЕR:					
The enclosed Article	es of Amendment and fee are su	abmitted for filing.				
Please return all corr	respondence concerning this ma	atter to the following:				
	Theerance Schmidt					
		Name of Contact Person	1			
	Theerance Schmidt PA					
	Firm/ Company					
	701 Swann Ave, #604					
	Address					
	Alexandria, VA 22301					
City/ State and Zip Code						
	theeranee.schmidt@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)		¥:UU	
For further informati	ion concerning this matter, plea	se call:		4.	2025 JUN 24 PH 3:	i
Theerance Schmidt		at (518		! 	<u>း</u> း ယ	1
Name of Contact Person Area Code & Daytime Telephone Number			— · :	<u>က</u>		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		ري	
□ \$35 Filing Fee	□\$43.75 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			

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

Check if applicable

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

(Name	of Corporation as currently f	filed with the Florida Dept. of State)	}	
Theerance Schmidt PA				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the fo	ollowing amend	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A p	npany," or "incorporated" or the abbi professional corporation name must	The in the incommendation "Corporation the ways and the ways are also as a second to the ways a	p., "
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent and	OFFICE BOX)	s in Florida, enter the name of the		
new registered agent and/or the new				
Name of New Registered Agem	Theerance Schmidt			
	2555 NE 11th Street #609			
	(Florida street	address)		
New Registered Office Address:	Fort Lauderdale, FL	. Florida	3304	
	(C)		(Zip Code)	2025
New Registered Agent's Signature, if c I hereby accept the appointment as regist		h and accept the obligations of the pos	sition.	5 JUN 24 PH 3: 5
	Signature of New Regi	stered Agent, if changing		<u></u>

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:	, und our	y Smith, Sr ds di 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>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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(Attach additional sheets, if necessary	v). (Be specific)			
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	•••			
				
If an amendment provides for an ex-	vehange reclassifies	ation or cancellation	of issued shares	
provisions for implementing the ai	mendment if not cor	ntained in the amend	ment itself:	
(if not applicable, indicate N/A)				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	6/1/6	
Effective date <u>if applicable</u> :	014/2025	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
-, <u></u>	(voting group)	
DatedSignature	4/20/2025 Duyn Silust	
(By sele	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or objected fiduciary by that fiduciary)	
	Theerance Schmidt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	