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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Melissa L. Garcia PA, P.A
DOCUMENT NUMBER: <u>P2000015724</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Lynn Garcia Name of Contact Person
Firm/ Company (0704 Sw. 114th Dl. apt. F Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MUISSA Lynn Garcia at (786) 899-6502 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

		Articles of Incor	poram) n	
issa L		Garcia of	PA	PI	4
(Name of Corp.	orat	ion as currently f	ileď wi	th the F	Torida

Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.." or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

Example: X Change	PT	John Doe	:	
X Remove	\underline{V}	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Remove				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
/				
Remove				

<u>ii amenuing or au</u> Attach <i>additional s</i>	ding additional Art sheets, if necessary).	(Be specific)	(८(५) मधार.		
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If an amendment	provides for an excl	hange, reclassific	ation, or cancella	tion of issued share	es,
(if not applied	plementing the amouble, indicate N/A)	indifferent in more co	manica in the am	change usen.	
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The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted baction was not required.	y the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
☐ The amendment(s) was/were approved must be separately provided for each t	by the shareholders through voting groups. The following statemen roting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
Dated <u>03/0</u> Signature	5/2020 (lissa! /nn (raicin)	
selected, by a	, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
• • •		
	(Typed or printed name of person signing)	· 12 · ·
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	