## P20 0000 30697

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

23

NAME OF CO	RPORATION: CHRISTIAN ERIL	LE CHIS, P.A.	
	NUMBER: P20000030697		
The enclosed A	rticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	A PESTANO		
		Name of Contact Persor	1
	BSSN		
		Firm/ Company	
	4612 N HIATUS RD		
		Address	
	SUNRISE FL 33351		
		City/ State and Zip Code	3
	TONY.PESTNAO@BSSNU	SA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further info	rmation concerning this matter, plea	se call:	578-0016
1	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	neck for the following amount made	payable to the Florida Depa	artment of State:
■ \$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 is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

## Articles of Amendment to Articles of Incorporation $\mathbf{of}$

## CHRISTIAN ERILE CHIS, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000030697	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following artists Articles of Incorporation:	mend
A. If amending name, enter the new name of the corporation:	
CHRISTIAN ERIEL CHIS, P.A.	he n
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	'Corp
B. Enter new principal office address, if applicable:	3
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TOTO JUN CT
	Z
	<u> </u>
C. Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> -
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)	
No. Davida 1000 111 .	
New Registered Office Address: , Florida (City) (Zip Cod	le)
New Registered Agent's Signature, if changing Registered Agent:  Thereby 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	

☐ 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, a 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; CE Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each in President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{V}$	Mike Jones	<u>S</u>	
X Add	<u>sv</u>	Sally Smith	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u> :	<u>ame</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_ <u>_</u>		
Add				
Remove				
6) Change				
Add				
Damovo				

Attach adammar sheets, ij necessar ().	icles, enter change(s) here: (Be specific)
	,
	<del></del>
·	
-	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	···
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption:, if other
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and sharehold-
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes co	ast for the amendment(s) was/were sufficient for approval
by	<b>``</b>
	(voting group)
06-18-20 Dated Signature /	Thestern End Ohis
(By a	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	CHRISTIAN E CHIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)