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(((H20000193615 3)))



H200001936153ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone

: (786)953-7449

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F	 Add	

COR AMND/RESTATE/CORRECT OR O/D RESIGN CARLA CROES PA

Certificate of Status	0
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Page Count	01-
Estimated Charge	\$35.00

C JUNIONS

850-617-6381

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June 25, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARLA CROES P A 19285 SW 27TH STREET MIRAMAR, FL 33029

SUBJECT: CARLA CROES P A

REF: P20000044684

We have received your document for CARLA CROES P A and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000193615 Letter Number: 620A00012575

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: CARLA CROES P A						
DOCUMENT NUMBER: P20000044684						
The enclosed Articles of Amendment and fee are su	ibmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
CARLA CROES						
 	Name of Contact Person					
CARLA CROES P A						
	Firm/ Company					
19428 SW 27TH STREET						
	Address					
MIRAMAR, FL. 33029						
	City/ State and Zip Code					
BUSINESSACCTPROF@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
CARLA CROES	at (786) 241-2779					
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. S43.75 Filing Fee. Certificate of Status	Certified Copy (Additional copy is enclosed) CISS2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303					

Articles of Amendment

to 2020 JUN 29 AH 11: 47

CARLA CROES P A		* a	:
(Name o	of Corporation as current	ly filed with the Florida Dept. o	f State)
P20000044684			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	•		ots the following amendment(s
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation nam	
B. Enter new principal office address,		19428 SW 27TH STREET	
(Principal office address MUST BE A S	TREET ADDRESS)	MIRAMAR, FL., 33029	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19428 SW 27TH STREET	
		MIRAMAR, FL. 33029	
D. If amending the registered agent ar new registered agent and/or the new			of the
Name of New Registered Agent	CARLA CROES		
	19428 SW 27TH STREE	Γ	
	(Florida si	rect address)	
New Registered Office Address:	MIRAMAR	, F	lorida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.
	Carle	2 Cas P	_
	Signature of New I	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11)	(e), F.S.	

(Attach additional sheets, Please note the officer/div P = President: V = Vice of Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	if necess rector titl President Chief Fi ector wot in the fot ves the c	sary) le hy the fi t; T= Trea inancial O uld be PTI llowing mo orporation	anner. Currently John Doe is listent, Sally Smith is named the V and .	r; TR= Tru more than c	stee: C = Chai one title, list the ST and Mike Jo	rman or Clerk; CEC first letter of each of nes is listed as the Y.) = Chief Jice held. . There is
Example: X Change	PT	John Do	<u>c</u>				
X Remove	<u>Y</u>	Mike Jo	ne <u>s</u>				
_X Add	<u>sv</u>	Sally Sn	<u>aith</u>				
Type of Action (Check One)	Title		Name		<u>Addres</u> s		
1) X Change	PRE	_	CARLA CROES		19428 SW 27T	H STREET	
Add		_			MIRAMAR, F	L. 33029	
Remove					-,		
2) X Change	VP	_	CASTILLO DANIEL		19428 SW 27T	H STREET	
Add					MIRAMAR, F	L. 33029	
Remove Change		_		·			
Add							
Remove				-			
4) Change		_		 ,			
Add					<u> </u>		
Remove				-			
5) Change		_					
Add							
Remove				-			
6) Change		_		 .			
Add					<u> </u>		,
Remove							

amending or adding additional Articles, enter change(s) her tach additional sheets, if necessary). (Be specific)	2020 Jüli 29	AH III. I T
	2 2011 2 3	AD 115 4 /
	* 1	7 . 3
# · **		
		 -
an amendment provides for an exchange, reclassification, o	r cancellation of issued sha	res.
provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:	
		_ -
		1

	JUNE 23, 2020			
The date of each amendment(s) ac	loption:			if other than the
date this document was signed.		2020 JUH 29	51111	
JUN	E 23, 2020	1920 0011 2 9	A/1 :	l+7
Effective date if applicable:				
	(no more than	90 days after amendment file (date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the appl partment of State's records.	icable statutory filing require	ments; this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add action was not required.	pted by the incorporators, or	board of directors without sh	areholder a	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		he number of votes cast for the	e amendine	nt(s)
☐ The amendment(s) was/were app must be separately provided for				enient
"The number of votes cast	for the amendment(s) was/w	ere sufficient for approval		
by		39		
,	(voting group)			
JUNE 23.,2 Dated(Signature	020 Yarida	£		
(Dy a di selected		icer – if directors or officers h he hands of a receiver, trustee y)		
	CARLA CROES			
•	(Typed or printed	name of person signing)		
	PRESIDENT			
	(Title of person s	igning)		