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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(50	Siness Entity Name	·1
	ocument Number)	
(LX	cument Number)	
Certified Copies	_ Certificates o	of Status
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09/01/22--01028--006 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LUISA	Camara,	P.A.
DOCUMENT NUMBE	r: P2 000	00 46878	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_	Luisc	MCBRIC Name of Contact Person	se
_	MCBR	ide Legal	GROUP P.A.
_	2222	Colonial	Rd. Ste 201
_	Ft. F	City/ State and Zip Code	34950
	E-mail address: (to be us	USACAMO ed for future annual report	ula. com
For further information	concerning this matter, pleas	se call:	
LUSA	McBride Contact Person	at (732	de & Daytime Telephone Number
	the following amount made p		•
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

Articles of Incorporation

FILED

Luisa Camara	P.A. 2022 SEP - 1 AM 8: 39
(Name of Corporation as currently	filed with the Florida Dept. of State)
1 2 0000	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
McBaide Legal Gra	JP P.A. The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2222 Colonial Rd. Ste. 201 Ft. Pierce, Fl 34950
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2222 Colonial Rd. Str. 20 Ft. Pierce, FL 34950
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stro	vet address)
New Registered Office Address:	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered 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, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Patrick McBride	222 Colonial Rd. Ste. 20
X Add			FA. Pickle, FL 34950
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/ N	
	<u> </u>
amendment provides for an exchange, reclassification, or cancellation of issu	ed shares
visions for implementing the amendment if not contained in the amendment i	tself:
(if not applicable, indicate N/A) N	
<u> </u>	

.

The date of each amendment(s) adoption:date this document was signed.	8/24/	<u>aa</u>	, if other than the
Effective date if applicable:	(no more than 90 de	QQ ays after amendment file da	nte)
Note: If the date inserted in this block does a document's effective date on the Department of		e statutory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or boa	rd of directors without shar	cholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		imber of votes east for the	amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were s	ufficient for approval	
by			
(vo	ting group)		
Dated8/24	122	_	
Signature	YL		·
selected, by an inc		 if directors or officers have ands of a receiver, trustee, or 	
	Luisa	McBeide	
	(Typed or printed nan	ne of person signing)	
	Presider	7+	
	(Title of person signir	ng)	

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