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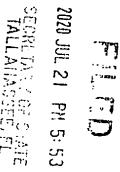
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	STEFFANI	P.A.	<u> </u>				
DOCUMENT NUMBER: P	2000005	0614				<u> </u>	_
The enclosed Articles of Amendment	and fee are submitted	for filing.					
Please return all correspondence conce	rning this matter to th	e following:					
S	TEFFAN MO	INROE					
	(Nam	e of Contact Person	n)				
5	TEFFAN, P.A	<i>\psi</i> .					
	O	irm/ Company)					_
8366	95th AVE.						
Semin	ole, FL 3	(Address) 3777			SEORL1	2020 JUL 2	
st	city/ effan1020	State and Zip Cod			ANY OF	_	1
E-mail addi	ress: (to be used for for second seco	iture annual report	notification)		175. 175. 175.	PH 5: 53	-
STE	FFON MONE	Care at C	727) 7	285.1852	5		
(Name of	Contact Person)	(Λι	rea Code)	(Daytime Telepl	ione Nun	nber)	
Enclosed is a check for the following a	amount made payable	to the Florida Dep	artment of S	tate:			
	cate of Status Cer (Ac	:.75 Filing Fee & tified Copy Iditional copy is closed)	Certific Certifie	onal Copy is			
Mailing Address Amendment Section Division of Corpora P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corpor entre of Ta	ations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida I	Dept, of State)				
P2000050614	5	TEFFAN, F	A.		
(Document Numb	per of Corporation	(if known)			-
Pursuant to the provisions of section 617.1006, Florida Statut- amendment(s) to its Articles of Incorporation:	es, this <i>Florida No</i>	ot For Profit Corpo	ration adopts th	e followir	ng
A. If amending name, enter the new name of the corporate STEFFAN MONK	ot, P.A.			The nev	·s'
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorpo	rated" or the abbre	viation "Corp."	or "Inc."	,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	()				- N/I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				· ·	-
				2020	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered offi	ice address in Flo	rida, enter the pan	e of the		1 3
new registered agent and/or the new registered office a	address:			2	3440
Name of New Registered Agent:			აი_ აი_	-0	,"IT
				. ch	
New Registered Office Address:		(Florida street addres	s) [-	55	_
			Florida		_
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	l Agent: nmiliar with and ac	cept the obligations	s of the position.		
	ignature of New R	egistered Agent, if c	hanging		_

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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change Add				
Remove				
2) Change Add				
Remove 3) Remove Add Remove			2020 JU	
4) Change Add			2 P	\$ -01 \$ 14# 1
Remove 5) Change Add			PM 5: 53	134
Remove				
6) Change Add				
Remove				
E. If amending or additional sh	ding additional . neets, if necessar,	Articles, enter change(s) here: y). (Be specific)		
			<u>-</u>	
				
-				

was/were sufficient for approval.

Dated $\frac{7/14/20}{}$	
Signature ANTIN	
(By the charman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
STEFFAN MONROE	
(Typed or printed name of person signing)	

(Title of person signing)