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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	cole Eldric	lge P.A.			
DOCUMENT NUMBER: 85 - 3 2864 15						
The enclosed Articles a	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
	i (A	cole Bruant				
-	Name of Contact Person					
-		Firm/ Company				
-	7900 Har	lw/ Island	Dr. # 1120			
	North Ba	Address Y Villaup	Pr. # 1120 FL 33141			
-		City/ State and Zip Cod	c			
_	Dicky	nickielle@	Yahoo. Com			
	E-mail address: (16 be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Name of	f Contact Person	at (Area Co)de & Daytime Telephone Number			
Enclosed is a check for	the following amount made					
	\/	payable to the Frontae Liep.	armen of state.			
S35 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

NICOLE ELDRIDGE P.A.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
85 - 3286415	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:	
NICOLE BOY ANT F.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must compared," "professional association," or the abbreviation "P.A."	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	·
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 · .
(Malling MAT BE A TOST OF FICE BUX)	
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	ži.
new registered agent and/or the new registered office address:	7
Name of New Registered Agent	<u>.</u>
(Florida street address)	
New Registered Office Address: , Florida, Florida,	
(City)	(Zip Code)
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 posit Signature of New Registered Agent, if changing	ion.
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 rule 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: <u>X</u> Change	ьĹ	John <u>Do</u> e	
X Remove	٧.	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			A
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) - (Be specific)	
	•
	<u></u>
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself;	
(if not applicable, indicate N/A)	

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	- I	_	i	
The date of each amendment(s) adoption: date this document was signed.	6	30	2023	, if other than the
Effective date if applicable:	·			
	(no more than 90) days afte	er amendment file dat	e)
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applic State's records.	able statu	ttory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)			
The amendment(s) was/were adopted by the is action was not required.	ncorporators, or b	oard of d	irectors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The pproval.	number	of votes east for the ar	nendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §	sharcholders thro group entitled to a	ough votir vote sepai	ng groups. The follow rately on the amendme	ing statement ent(s);
"The number of votes cast for the amend	dment(s) was/wer	e sufficie	nt for approval	
by	aut		,,,	
(votin	(Syroup)			
Dated 6/30	12023			
Signature	Jorgan	F		
(By a director, presid selected, by an incor	lent or other offici porator — if in the	er – if dire	ectors or officers have a receiver, trustee, or	not been
appointed fiduciary l	by that fiduciary)		a rocerver, a usice, or	odici com
_ N3	'yped or printed n	yant	-	
1)	yped or printed n	ame of p	erson signing)	
	Presid			
(T	itle of person sign	ning)		