P2 OCCC THILL

(Rec	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer.	





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08/29/23--01016--015 **43.75

COVER LETTER

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TO: Amendment Section . Division of Corporations

NAME OF CORPORATION:	Arixaida Emmer	PA		
DOCUMENT NUMBER: P20	000094446			·-··
The enclosed Articles of Amenda	nent and fee are sul	omitted for filing.		
Please return all correspondence of	concerning this mat	ter to the following	ng:	
		Ari Emme	er	
		Name of Conta	act Person	
		Ari Em	mer	
		Firm/ Con	npany	
	7	7577 NW 25th	St	
		Addre	ss	
	Ma	irgate, FL 330	063	
		City/ State and	Zip Code	2
	ariemme	rrealtor@gma	ail.com	
E-mai	l address: (to be us	ed for future annu	ial report	notification)
For further information concerning	ng this matter, pleas	se call:		
Ari Emm	er	at (786	, 506-3063
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Flo	rida Depa	artment of State:
-	3.75 Filing Fee & tificate of Status	✓\$43.75 Filing Certified Cop (Additional co enclosed)	у	S52.50 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 to Articles of Incorporation of

Arixaida Emmer PA

(Name of	Corporation as currently filed with the Florida Dept. of	of State) 11 6: 44
	P20000094446	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	ne of the corporation:	
Ari Emmer PA		The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," of	he word "corporation," "company," or "incorporated" or orp," "Inc," or "Co". A professional corporation nan	the abbreviation "Corp.,"
B. Enter new principal office address, if (Principal office address MUST BE A ST		
		
		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST O		
(Frances MATERIAL COST OF		
		
D. If amending the registered agent and new registered agent and/or the new	Nor registered office address in Florida, enter the name	of the
	Ari Emmer	
Name of New Registered Agent	An Enine.	
-		
	(Florida street address)	
New Registered Office Address:		Florida (Zip Code)
	(5.9)	(Lip Code)
New Registered Agent's Signature, if ch	anging Registered Agent: red agent. I am familiar with and accept the obligations of	af the manisian
. Horeby decept the appointment as registe.	Signature of New Registered Agent, if changing	n ine position.
	Ani Ommer (Cul.)	mys.
<u> </u>	Signature of New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pu	rsuant 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)

1.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	<u>P</u>	Ari Emmer	7577 NW 25th St Margate, FL 33063
Add			
Remove			
2) Change	Р	Arixaida Emmer	7577 NW 25th St Margate, FL 33063
Add			
Remove Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additio</i>	or adding additional A anal sheets, if necessary)	. (Be specific)				
<u> </u>	-					
					 	
			· · · · · · · · · · · · · · · · · · ·	·		
			<u>-</u>	<u></u>		-
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If an amenda	nent provides for an ex or implementing the an	change, reclassifi	cation, or cancel	lation of issued s	hares,	
(if not ap	oplicable, indicate N/A)	tendiment ii not c	ontained in the a	mendment itsen		
			-			
						
				· · ·	<u> </u>	
						
						
				·		

The date of each amendment(s) a	dention: 08/23/2023	, if other than the
date this document was signed.		, ,
Effective date <u>if applicable</u> :	08/23/2023	
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this document's effective date on the D		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
≅ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of voto ufficient for approval.	es cast for the amendment(s)
	proved by the shareholders through voting gro each voting group entitled to vote separately	
"The number of votes cas	for the amendment(s) was/were sufficient for	approval
by		,,
,	(voting group)	
Dated 08/23/20	23 Ari Emmer (a): Kampa
Signature		en proper
select	lirector, president or other officer – if directors d, by an incorporator – if in the hands of a rec sted fiduciary by that fiduciary)	
·	Ari Emmer	
	(Typed or printed name of person	signing)
	President (Si Kurun	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: Arixaida Emme	r PA		
DOCUMENT NUMBI	ER: P20000094446		.	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the followin	g:	
		Ari Emme	r	
-		Name of Conta	ct Persor	1
		Ari Emi	ner	
_		Firm/ Com	pany	
	7	7577 NW 25th \$	St	
_		Addres	S	
_	Ma	argate, FL 330	63	
		City/ State and	Zip Cod	e
	ariemme	errealtor@gma	il.com	
_	E-mail address: (to be us	sed for future annu	al report	notification)
For further information	concerning this matter, pleas	se call:		
/	Ari Emmer	at (786	, 506-3063
Name o	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Flor	rida Depa	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	✓\$43.75 Filing Certified Cop. (Additional co enclosed)	y	□\$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