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• COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Sherri Tate P.A.	
DOCUMENT NUMBER: <u>P2/00003459</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
ivalie of Contact I Clock	
Firm/ Company	
3415 W. Lake Mary Blvd Ste 95070	2
Address	
3415 W. Lake Mary Blvd Ste 95070 Address Address City/ State and Zip Code	95
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future-annual report notification)	
For further information concerning this matter, please call:	
(Imanda Kennedy 11 (407) 9515 0894	_
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 Certificate of Status Certif	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Sherri Tate	0 1 5 00
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P2100	0003459
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	77
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."	The new company," 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>)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Amarila K	Yennodii
2516 Galls	ano Cir.
New Registered Office Address: With Par	City) . Florida 32 792 (Zip Code)
	,,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	SSO.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>S</u>	Antonia Tate	3415 W. Lake Mary Blvd. Ste 950702 Jake Mary, FL 32795
X Add			Ste 950702
Remove			Jake Mary FL 32 795
2)Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

	if necessary).	(Be specific)				
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an amendment provid	les for an excha	ange, reclassific	ation, or cance	<u>llation of issued</u>	shares,	
provisions for impleme (if not applicable, in	nting the amen idicate N/A)	iameni ii noi co	intained in the	amenoment itse	<u>11:</u>	
	,					
				- 		
	-					
_				<u> </u>		

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or be action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thrown must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by (voting group)	;¨
(voting group)	
Dated 02/04/2021	
Sharii Jato	
	er – if directors or officers have not been
appointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
Sherri Tots (Typed or printed n	ame of person signing)
President (Title of person sign	ning)