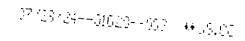
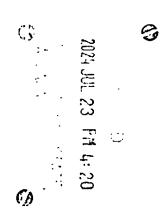


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only







COVER LETTER

TO: Amendment Section Division of Corporations

• ,

NAME OF COR	RPORATION: Carla Wright PA		
	UMBER: P21000006221		
	icles of Amendment and fee are so	ubmitted for filing.	
Please return all o	correspondence concerning this ma	atter to the following:	
	Carla Jones		
		Name of Contact Person	1
	Carla Jones PA		
	+	Firm/ Company	
	301 Rubens Dr		
		Address	
	Nokomis, FL 34275		
		City/ State and Zip Code	e
		1	
	therealestatecaptains@gmai	i.com ised for future annual report	notification)
	The transfer of the second		,
For further infort	nation concerning this matter, plea	ase call:	
Carla Jones		at (941) 993-0335
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fo	ce ☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

Carla Wright PA				
(Name o	f Corporation as currently	y filed with the Florida l	Dept. of State)	
P21000006221				
<u> </u>	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporatie	on adopts the following an	nendment(s) (
A. If amending name, enter the new na	ime of the corporation:			
Carla Jones PA			Th	e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association."	lorp," "Inc," or "Co". A	I professional corporation		
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if appli	cable:		,	_
(Mailing address MAY BE A POST		N/A	<u> </u>	9
			524	
		-		
			<u> </u>	
D. If amending the registered agent an			name of the	•
new registered agent and/or the nev	v registered office address	<u>:</u>	_ =	J
Name of New Registered Agent	N/A			
			20	
	(Florida str	eet address)	(<u>'7)</u>	
New Registered Office Address:			, Florida	
New Neglatered Office Address.		(City)	(Zip Code	
New Registered Agent's Signature, if cl I heraby accept the appointment as regist	hanging Registered Agent:	ith and again the obliga	itians of the position	
Thereny accept the appointment as regist	erea agent. Tum jumatur v	чин ини ассерь те откус	mons of the position.	
	Signature of New Re	egistered Agent, if changi	ing	
Check if applicable				
☐ The amendment(s) is/are being filed p	ursuant 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)	Title	<u>Name</u>	<u>Addres</u> s
I) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or (Attach additional)	adding additional Art al sheets, if necessary).	icles, ente <u>r chan</u> (Be specific)	ige(s) here:			
N/A						
			 .			 ,
					_	
				- 		
		-			· · · · · · · · · · · · · · · · · · ·	
· · · · ·					<u> </u>	
						
F 16 1					d abause	
provisions for	nt provides for an exc implementing the am	nange, reciassiii endment if not c	ontained in the	amendment its	elf:	
(if not appi	licable, indicate N/A)					
N/A						
	,					
	• • • • • • • • • • • • • • • • • • • •					
		• • •				
		<u></u>				
					-	

The date of each amendment(s) a	deption:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 9	10 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the D	block does not meet the application of State's records.	cable statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad action was not required.	opted by the incorporators, or	board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were ad by the shareholders was/were s		ne number of votes east for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders thr reach voting group entitled to	rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was we	ere sufficient for approval	
by		···	
	(voting group)		
Dated	17-24		
Signature	Carla X	ones	
		leer – if directors or officers have not been he hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary		
	Carla Jones		
	(Typed or printed	name of person signing)	
	President		
	(Title of person si	igning)	

.