P21000018963

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lynzee Jablonka P	A		
DOCUMENT NUMI	122 1 00000 1 2004 2			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Lynzec Alvarez			
		Name of Contact Person	1	
		Firm/ Company		
	5369 SW 90th CT			
		Address		
	Miami, Fl. 33165			
		City/ State and Zip Cod	e	
	realtorlynzee@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Lynzee Alvarez		954 at (de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep.	artment of State:	
\$35 Filing Fee	□\$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		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



Lynzce Jablonka PA

P21000018963	Corporation as current	Theo will the Florida	Dept. of State)
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new na	ıme of the corporation:		
Lynzee Alvarez PA			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". 2	Uprofessional corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		<u>N/A</u>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	OFFICE BOX) Wor registered office add	N A	e name of the
new registered agent and/or the nev		<u>::</u>	
Name of New Registered Agent	Lynzee Alvarez		
	5369 SW 90th CT		
	(Florida str	reet address)	
New Registered Office Address:	Miami		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	ered agent. I am familiar I	in with and accept the obligity of the color of the color of the change	

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)

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	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	<u>2</u>	Address	
t) Change	þ	Lynz	ee Alvarez	 5369 SW 90th CT	_
Add				Miami, FL 33165	
Remove					
2) Change		<u> </u>		 	
Add					
Remove 3) Change				 	_
Add					
Remove					
4) Change				 	
Add					
Remove				·	
51 Change	*********			 	
Add					
Remove					
6) Change				 <u>-</u>	
Add					
Remove					

E. If amending or adding additional Articles, ent (Attach additional sheets, if necessary). (Be sp.	er change(s) here: ecific)			
N/A				
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F. If an amendment provides for an exchange, re provisions for implementing the amendment	classification, or can	cellation of issued sh	iares,	
(if not applicable, indicate N/A)			•	
N/A				_
•				
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	3/3/22
The date of each amendment(s late this document was signed.	adoption:, if other than the
•	3/22
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided.	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	st for the amendment(s) was/were sufficient for approval
by	•
-	(voting group)
3/3/2022	
DatedSignature	And And
(By : sele	director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Lynzee Alvarez
	(Typed or printed name of person signing)
	President
	(Title of person signing)