## Pa1000001901

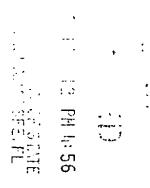
(R	equestor's Name)	_
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JOE CAPRA, PA				
DOCUMENT NUMI					
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JEFFREY A. SCHNEIDER.	EA			
		Name of Contact Person	1		
	SFS TAX & ACCOUNTING SERVICE, INC.				
	Firm/ Company				
	738 S COLORADO AVE				
	<del></del>	Address			
	STUART, FL 34994				
		City/ State and Zip Cod	e		
	SFSTAX@YAHOO.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
JEFFREY A. SCHEIDER, EA		at (	) 337-1040		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

JOE CAPRA, PA

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P21000021901		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
JOSEPH CAPRA. PA		The new
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."	ompany," or "incorporated" or the abbreviat professional corporation name must conta	ion "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
		<u>;</u> ,
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		
(Florida str	eet address)	_
New Registered Office Address:	, Florida	Code)
	(Ciṇ)	(coae)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	t with and accept the obligations of the position	
Signature of New R	egistered Agent, if changing	_
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	<u>PT</u>	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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u></u>
Remove			u <del>nga ka</del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessal	ry). (Be specific)	e(s) here:		
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F. If an amendment provides for an	exchange, reclassifica	tion, or cancellation o	<u>fissued shares.</u>	
provisions for implementing the (if not applicable, indicate N/A	amendment if not con	tained in the amendm	ent itseii:	
(i) not applicante, marcale 1477	1,			
			<u> </u>	
-				
				•
****				

	MARCH 26th, 2021	
<b>The date of each</b> date this docume	h amendment(s) adoption:	, if other than
Effective date if	MARCH 26th, 2021	
	(no more than 90 days after amendment file date)	<del></del>
	te inserted in this block does not meet the applicable statutory filing requirements, thi ctive date on the Department of State's records.	s date will not be listed as
Adoption of Am	nendment(s) (CHECK ONE)	
☐ The amendme action was not	ent(s) was/were adopted by the incorporators, or board of directors without shareholder of required.	action and shareholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendm holders was/were sufficient for approval.	ent(s)
	ent(s) was/were approved by the shareholders through voting groups. The following staurately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The nu	umber of votes cast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
	APRIL 1st, 2021	
	Dated	
	Signature	<del></del>
	(By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	JOSEPH CAPRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the

## State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of JOE CAPRA, PA, a Florida corporation, filed electronically on February 25, 2021 effective February 24, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P21000021901.

Authentication Code: 210310122116-100360865501#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of March, 2021



Laurel M. Lee Secretary of State