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SECRETARY OF STATE
TALLAHASSEE, FL

6/25/2

COVER LETTER

TO: Amendment Section Division of Corporations ' NAME OF CORPORATION: GIAN FRANCO CICCONE PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gian Franco Ciccone Falco Name of Contact Person Firm/ Company 12215 Ne 12th PL Address North Miami/FL 33161 City/ State and Zip Code gianfrancociccone@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 5477126

Area Code & Daytime Telephone Number Gian Franco Ciccone Falco Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & **\$35** Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of Corporation :	as currently filed with the Florid	a Dept. of State)
P21000022688		
(Document	t Number of Corporation (if knowr	n)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corpora	tion adopts the following amendment(s) t
A. If amending name, enter the new name of the corp.	oration:	
GIAN FRANCO CICCONE FALCO PA		The new
name must be distinguishable and contain the word "corpe "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address, if applicable:	N/A	<u></u>
(Principal office address MUST BE A STREET ADDRE	ESS)	20
		TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER
	.	
C. Enter new mailing address, if applicable:	N/A	RRY F
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		्रांभ 🧝 गि
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D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ne name of the
Name of New Registered Agent N/A		
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	e <u>red Agent:</u> m familiar with and accept the obli	gations of the position.
	-	
C!	re of New Registered Agent, if char	urino.
Signatur	re oj new Kegistereu Agent, ij chur	¹⁸ "5

Check if applicable

GIAN FRANCO CICCONE PA

☐ 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.

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)	<u>Title</u>	Name	Address
1) N/A Change			
Add			
Remove			-
2) N/A Change			
Add			
Remove 3) N/A Change			
Add			
Remove			
4) N/A Change			
Add			
Remove			
5) N/A Change			
Add			
Remove			
6) N/A Change			
Add			
Remove			

/A	(Attach additional sheets, if necessary). (Be specific)				
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lfan a'	mendment provides for an ex sions for implementing the ar	change, reclassification	on, or cancellation of is	sued snares,	
	f not applicable, indicate N/A)	Renginent it not conta	inten in the Amendmen	it itsen.	
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•	N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
P Effective date <u>if applicable</u> :	/A	
Effective date in applicable.	(no more than 90) days after amendment fi	le date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requ Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The joint each voting group entitled to vote separately on the am	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/09/20	121	
Dated		
Signature	district	,
	director, president or other officer - if directors or officer	
	cted, by an incorporator - if in the hands of a receiver, trust	ee, or other court
аррс	ointed fiduciary by that fiduciary)	
	GIAN FRANCO CICCONE	
	(Typed or printed name of person signing)	· · ·
	owner / Pres.	
	(Title of person signing)	