

P21000022932

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(Address)

(Address)

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2024 MAR -8 AM 11:10

FILED

ARB



Articles of Amendment  
to  
Articles of Incorporation  
of

Jenelle Pierce PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000022932

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Jenelle Grabowicz PA

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

1310 Lake Elbert Dr SE

Winter Haven, FL 33880

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

N/A (Same)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Jenelle Grabowicz

1310 Lake Elbert Dr SE

(Florida street address)

New Registered Office Address: Winter Haven, Florida 33880

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

Change                    PT     John Doe

Remove                    V     Mike Jones

Add                            SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Jenelle Grabowicz</u>	<u>1310 Lake Elbert Dr SE</u>
<input type="checkbox"/> Add			<u>Winter Haven, FL 33880</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

02/24/2024

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
 by Majority \_\_\_\_\_"  
 (voting group)

03/04/2024  
Dated \_\_\_\_\_

Signature Jenelle Grabowicz (formerly Jenelle Pierce)  
 (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jenelle Grabowicz  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

President  
 \_\_\_\_\_  
 (Title of person signing)

Department of Health - Office of Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**

TYPE IN UPPER CASE  
 USE BLACK INK  
 This license not valid unless the seal of the Clerk,  
 Circuit or County Court, appears thereon.



INSTR # 2024048074  
 BK 13023 Pg 2071 PG(s)1  
 RECORDED 02/29/2024 03:38:50 PM  
 STACY M. BUTTERFIELD,  
 CLERK OF COURT POLK COUNTY

B2024-330

(APPLICATION NUMBER)

(STATE FILE NUMBER)

APPLICATION TO MARRY			
1 NAME OF SPOUSE (First Middle, Last) <b>JENELLE MARIE PIERCE</b>		1d MAIDEN SURNAME (if applicable) <b>SHANNON</b>	2 DATE OF BIRTH (Month, Day, Year) <b>06/21/1981</b>
3a RESIDENCE CITY, TOWN OR LOCATION <b>BARTOW</b>	3b COUNTY <b>POLK</b>	3c STATE <b>FLORIDA</b>	4 BIRTHPLACE (State or Foreign Country) <b>MICHIGAN USA</b>
5a NAME OF SPOUSE (First Middle Last) <b>STEPHEN DANIEL GRABOWICZ</b>		5b MAIDEN SURNAME (if applicable) <b>GRABOWICZ</b>	5 DATE OF BIRTH (Month, Day, Year) <b>10/15/1981</b>
7a RESIDENCE CITY, TOWN OR LOCATION <b>WINTER HAVEN</b>	7b COUNTY <b>POLK</b>	7c STATE <b>FLORIDA</b>	8 BIRTHPLACE (State or Foreign Country) <b>PENNSYLVANIA USA</b>



WE THE APPLICANTS NAMED IN THE CERTIFICATE, EACH FOR HIMSELF, STATES THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9 SIGNATURE OF SPOUSE (Sign Full Name Using Black Ink) <i>Jenelle Marie Pierce</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/23/2024</b>
11 TITLE OF OFFICIAL Deputy Clerk	12. SIGNATURE OF OFFICIAL (Use Black Ink) <i>Stacy M. Butterfield</i>
13. SIGNATURE OF SPOUSE (Sign Full Name Using Black Ink) <i>Stephen Daniel Grabowicz</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/23/2024</b>
15 TITLE OF OFFICIAL Deputy Clerk	16. SIGNATURE OF OFFICIAL (Use Black Ink) <i>Stacy M. Butterfield</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE <b>POLK</b>	18 DATE LICENSE ISSUED <b>01/23/2024</b>	18a DATE LICENSE EFFECTIVE <b>01/26/2024</b>	19 EXPIRATION DATE <b>03/26/2024</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Stacy M. Butterfield</i>		20b TITLE CLERK OF THE CIRCUIT COURT	20c BY D/C SMB&C/MD

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE-NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) <b>02 29 2024</b>	22 CITY, TOWN OR LOCATION OF MARRIAGE <b>Key West</b>
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use Black Ink) <i>Jubel Headley</i>	23b ADDRESS (Of person performing ceremony) <b>21081 1st Ave Summerland Key FL 33042</b>
23c NAME AND TITLE OF PERSON PERFORMING CEREMONY (If notary stamp) <b>Jubel Headley Minister</b>	24. SIGNATURE OF WITNESS OF CEREMONY (Use Black Ink) <i>[Signature]</i>
25 SIGNATURE OF WITNESS OF CEREMONY (Use Black Ink) <i>[Signature]</i>	



I hereby certify that the foregoing is a true copy of the record in my office this day, Feb 29, 2024. Redacted \_\_\_ Unredacted/law X  
 Stacy M. Butterfield, Clerk of Court Polk County, Florida  
 By M Torres Deputy Clerk