P21 0000 26165

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Fatima Yusti P.A.			
DOCUMENT NUN	1BER: P21000026168			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	Fatima Yusti			
		Name of Contact Person	n	
	Fatima Yusti P.A.			
		Firm/ Company		
	11099 NW 7th Street Apt. 20)4		
		Address		
	Miami, Florida 33172			
		City/ State and Zip Cod	e	
	flyusti@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Fatima Yusti		786 at (328-2966	
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	nendment Section vision of Corporations		lment Section of Corporations	
	D. Box 6327		entre of Tallahassee	
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Fatima Yusti P.A.				
(Name o	of Corporation as currentl	y filed with the Florida Dep	pt. of State)	
P21000026168				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation :	adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Content of the designation of	Torp," "Inc." or "Co". A	4 professional corporation	" or the abbreviation	"Corp.,"
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
				_
C. Enter new mailing address, if appli	icable:	N1/4		
(Mailing address MAY BE A POST		N/A 		
				
D. If amending the registered agent an			ame of the	
new registered agent and/or the new		<u>::</u>		
Name of New Registered Agent	N/A			
	(Florida str	eet address)		
New Registered Office Address:	N/A		Florida	
		(City)	(Zip Co	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent tered agent. I am familiar i	<u>:</u> with and accept the obligatio	ons of the position.	
		•	·	
			,	√ #
				- +
	Signature of New R	egistered Agent, if changing	'	
Check if applicable				- ;
\square The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.	<u>:</u>	7 21.
				

,	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 Doc 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> <u>John</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Fatima Yusti	11099 NW 7th Street Apt. 204
X Add			Miami, Florida 33172
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

____ Remove

E. If amending or adding a (Attach additional sheets,	additional Articles, et . if necessary). (Be s	nter change(s) he specific)	<u>re</u> :		
N/A		,			
					
		-		-	<u>.</u>
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. 16	doo for an avahanaa	usalseei@aatisa	or annaellation of	icewad charac	
 If an amendment provi- provisions for implement 	enting the amendmer	nt if not containe	d in the amendme	ent itself:	
(if not applicable, i	ndicate N/A)				
V/A					
	<u> </u>				
					
			-		
		<u> </u>			
			-		

*

	06/01/2021	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.	1/2021	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sh	archolder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast for th fficient for approval.	e amendment(s)
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groups. The followersh voting group entitled to vote separately on the amen	lowing statement dment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	<u> </u>	
· 	(voting group)	
06/01/2021		
Dated		
Signature	(Fyyoti)	
selecte	rector, president or other officer – if directors or officers I I, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary)	
	Fatima Yusti	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	