## P2/090046939

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KARINA CASTILL	O PA CORP	
DOCUMENT NUM	BER: P21000046939		
	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	KARINA M CASTILLO ORT	TIZ	
		Name of Contact Person	
	KARINA CASTILLO PA CO	RP	
		Firm/ Company	
	6439 NW 104 PATH	,	
		Address	
	MIAMLEL, 33178		
		City/ State and Zip Code	
	karinacastilloortiz@hotmail.co	บเท	_
	E-mail address: (to be use	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
KARINA M CASTI		786	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made j	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Tullahassee, FL 32314		Amend Division The C 2415	Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

2022 JAH 14 PH 3: 21

KARINA CASTILLO PA CORP

<del>_</del>	STATE OF THE PARTY
(Name of Corporatio	in as currently filed with the Florida Dept. of State 1. W. Or STATE
P21000046939	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
KARINA CASTILLO PA	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Negmereu Office Financia.	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
Sign	ature 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)

Example:

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			 
Add			
Remove			
2) Change		_	 
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change			 
Add			
Remove			
6) Change			 
Add			
Remove			

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	ns for imple	ovides for an exc ementing the amo le, indicate N/A)	hange, r endment	eclassificati if not cont	ion, or cancellatio ained in the amen	n of issued dment its	shares,		
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	01/14/2022
The date of eac date this docume	h amendment(s) adoption:, if other than the
Effective date <u>il</u>	f applicable:  (no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the dat document's effe	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
Adoption of An	nendment(s) ( <u>CHECK ONE</u> )
The amendm action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
☐ The amendm by the sharel	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
☐ The amendm  must be sepa	ent(s) was/were approved by the shareholders through voting groups. The following statement wately provided for each voting group entitled to vote separately on the amendment(s):
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	01/14/2022
	Dated
	Signature Karina Castill
	(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)
	KARINA M CASTILLO ORTIZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)