P21000075144

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___ SANDRA I. FUENTES P.A. DOCUMENT NUMBER: P21000075144 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDRA I FUENTES NUNEZ Name of Contact Person SANDRA I. FUENTES P.A. Firm/ Company 1941 EMPRESS CT Address NAPLES, FL 34110 City/ State and Zip Code INFO@ACTAXFINANCIAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 971-7444

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

SANDRA I. FUENTES P.A.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida	Dept. of State)	
P21000075144				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	ted" or the abbreviation name must contain	_ on "Corp.,"
B. Enter new principal office address,	N/A			
(Principal office address MUST BE A S			r.	3
				· ·
				
C. Enter new mailing address, if appl			70.	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
				<u>. స</u> - గ
D. If amending the registered agent an new registered agent and/or the ne			name of the	
Name of New Registered Agent		 FAND PAYROLL SERVE	CES	
mane of the negative angen	1701 W HILLSBORO B	LVD SUITE 305		-
	(Florida s	treet address)		-
New Registered Office Address:	DEERFIELD BEACH		. Florida 33442	
		(City)	(Zip C	lode)
New Registered Agent's Signature, if a I hereby accept the appointment as regis.	tered agent. I amfamilian	nt: · with and accept the obligation Registered Agent, if changi		-
Check if applicable				

 \Box 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:

(Attack 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	<u>Addres</u> s
1) X Change	PT	SANDRA I FUENTES NUNEZ	1941 EMPRESS CT
Add			NAPLES, FL 34110
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			***
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or addin (Attach additional shee	g additional Articles, ets. if necessary).—(B	enter change(s e specific)) here:		
N/A	(42)	· Mrc Mrc			
N/A					
					7
		· •• · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
		<u>-</u>	•		
F. <u>If an amendment pro</u>	wides for an exchana	o reclassificatio	n ar cancellatio	n af icenad chara	«C
provisions for imple	menting the amendm	ent if not conta	ined in the amen	dment itself:	<u> </u>
(if not applicable	z, indicate N/A)				
N/A					
·			1944		
		 			
					

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. . .

	09/16/2021
	mendment(s) adoption:
date this document	was signed.
rice i i i	09/30/2021
Effective date if a	
	(no more than 90 days after amendment file date)
Note: If the date is document's effective	nserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a re-date on the Department of State's records.
Adoption of Amen	dment(s) (<u>CHECK ONE</u>)
The amendment action was not re	(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder equired.
	(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) lers was/were sufficient for approval.
☐ The amendment must be separat	(s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	per of votes cast for the amendment(s) was/were sufficient for approval
bv	
-	(voting group)
Γ	pated 09-16-2021
S	ignature Sandra Fulnico.
	(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)
	Sandra I Fuentes Nunez (Typed or printed name of person signing)
	Picsident (Title of person signing)

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