## P21000081164

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only



800376043888

11/00/21--01022--014 \*\*95.00

21 107 -8 MH II 57

T. LEMIEUX'
NOV 24 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARNALDO FERNA	ANDEZ REALTORS, P.A	<u> </u>
DOCUMENT NUMB		_	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ARNALDO FERNANDEZ		
•		Name of Contact Person	<u> </u>
	ARNALDO FERNANDEZ. I	P.A.	
	· <del>-</del> · · ·	Firm/ Company	
	3261 NEWMARK DR		
		Address	
	DELTONA, FL 32738		
,		City/ State and Zip Code	<del></del>
	AF.REALTOR17@GMAIL.C	ЮМ	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ARNALDO FERNAN	IDEZ	at (	528-1032
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 nhassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 essee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

ARNALDO FERNANDEZ REALTORS, P.A.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P21000081164	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
ARNALDO FERNANDEZ, P.A.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.:	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	* 1
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office address.	
·- ·	<u> </u>
Name of New Registered Agent	
A torula	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familia	
Siomature of Nev	v Registered Agent, if changing
ingrature of the	· regularion regions y consigning

Check if applicable

☐ 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> </u>	John Do	<u>e</u>				
X Remove	Y	Mike Jo	nes				
X Add	<u>SV</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change							 
Add							
Remove							
2) Change		_					
Add							
Remove 3) Change							
Add		_					
Remove							
4) Change		_					
Add							
Remove							
5) Change		_			<del></del>		
Add							 
Remove							
6) Change		<del>-</del> -					
Add							
Remove							 

	d sheets, if necessary).	(Be specific)			
		<u>-</u>	<del></del>	<del>,</del>	<del></del>
	<del>-</del>			<del>-</del>	
<del>-</del> -			<del>_</del>	<del>-</del> · <del></del>	
				<del>-</del>	
	<del></del>		<u> </u>	<del></del>	
<u>-</u>		<u>-</u>		-	<del></del>
		<u> </u>			
		<del></del>			
	<del></del>	<u>-</u>			
				<del>_</del>	
	<del>_</del>	<u></u>	<del></del> _	<del>_</del> -	
	<del></del>		· <u>· · · · · · · · · · · · · · · · · · </u>	<u></u>	<del></del> .
	<u>-</u>		<del>-</del>		
			<del>-</del>		<del></del>
	<u>.</u>				
					-
				on of issued shar	114
an amendmen	nt provides for an exc	hange, reclassifica	non, or cancellati	on or issued shar	<u>cs.</u>
<u>provisions for i</u>	mplementing the amo	hange, reclassifica andment if not con	tained in the ame	ndment itself:	<u>cs.</u>
<u>provisions for i</u>	nt provides for an exc implementing the amore icable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancellati	ndment itself:	<u>CS.</u>
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellate trained in the ame	ndment itself:	<u>cs.</u>
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tained in the ame	ndment itself:	<u></u>
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellati	ndment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellati	ndment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellati	endment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tained in the ame	endment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	trained in the ame	ndment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tained in the ame	ndment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tained in the ame	ndment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellati	endment itself:	
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tion, or cancellati	endment itself:	<u> </u>
<u>provisions for i</u>	mplementing the amo	hange, reclassifica endment if not con	tained in the ame	endment itself:	<u>CS.</u>

The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	the more man so was the amenament for waet
<b>Note:</b> If the date inserted in this block document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as to of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	
	voting group)
[1/05/202]	
Dated	iler
(By a director, selected, by an	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
ARNA	DO FERNANDEZ
	(Typed or printed name of person signing)
P	
	(Title of person signing)