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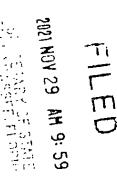
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A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	KIMBERLY ROSS SHA	PIRO, P.A.
	CUMENT NUMBER: P21000087412		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	itter to the following:	
		KIMBERLY R. SHAPII	RO
-		Name of Contact Person	n
		KIMBERLY ROSS SHAP	TRO P.A.
		Firm/ Company	·
		945 SW 8TH STREE	ET
		Address	
		FT. LAUDERDALE, FL.	33315
		City/ State and Zip Cod	e —
		KIMSHAPIROFL@GMA	AIL.COM
- · · • •	E-mail address: (to be us	sed for future annual report	notification)
For further information con	ncerning this matter, plea	se call:	
KIMBER	LY R. SHAPIRO	at (de & Daytime Telephone Number
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Ameno Divisio	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amedanteht ED

Articles of Incorporation

2021 NOV 29 AM 9: 59 KIMBERLY ROSS SHAPRIO P.A.

(<u>Name</u>	of Corporation as current	ly filed with the Florid	a Dept. of State)	
	P210000	87412	-	
	(Document Number of	of Corporation (if knowr	n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following	ng amendment(s)
A. If amending name, enter the new n KIMBERLY R. SHAPIRO P.A.	ame of the corporation:			er.
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp." "Inc." or "Co".	A professional corpora		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A/ - SAME		
			· <u></u>	
			.	
			_	
C. Enter new mailing address, if appl		N/A/ - SAME		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			<u> </u>
D. If amending the registered agent a	od/or registered office add	lress in Florida enter t	he name of the	
new registered agent and/or the ne			inc manne of the	
Name of New Registered Agent	N/A - SAME			
· · · · · · · · · · · · · · · · · · ·		<u>.</u>		_
	(Florida st	reet address)		_
New Registered Office Address:	N/A - SAME		. Florida	
the state of the s		(City)		Code)
Now Degistered Agent's Signature if a	hanging Degistered Agen			
New Registered Agent's Signature, if call the segment is regised. I hereby accept the appointment as regised.			gations of the position.	
	Signature of New I		ging -	-
	and and and are at a		er e	

Check if applicable

 \square 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, an 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 helpersident. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		· · · · · · · · · · · · · · · · · · ·	N/A/ - NO CHANGES
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
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	

.

The date of each amendment(s) adoption: date this document was signed.	, if other than the
date tills 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 document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as thords.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporate action was not required.	rs, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	ras/were sufficient for approval
by	,·
(voting group)	
	er officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court aciary)
	ABERLY R. SHAPIRO
(Typed or p	rinted name of person signing)
P	RESIDENT
(Title of per	son signing)