## P21000095253

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Suzi's Paralegal Se	rvices, Inc.			
	BER: P21000095253		<u></u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Suzanne Herrera				
	Name of Contact Person				
	Suzanne's Paralegal Services, Inc.				
	Firm/ Company				
	661 NW 65 Avenue				
		Address			
	Plantation, FL 33317-1703				
	City/ State and Zip Code				
	sherrera955@gmail.com				
E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, pleas	se call:			
Suzanne Herrera		at (	376-0867		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;		
S35 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 P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Suzi's Paralegal Services, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P21000095253		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new name of the corporation:		
SUZANNE'S PARALEGAL SERVICES, INC.	$Th_{\mathcal{C}}$	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Co professional corporation name must contain the	orp., "
B. Enter new principal office address, if applicable:	<b>三</b>	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	16	
	Eron 7	[17]
		$ \bigcirc$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	_
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
(1)	City) (Zip Code)	
N. D. L. L. N. C. L. M. L. D. L. L. D. L. L. L. D. L.		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.	
	,	

Signature of New Registered Agent, if changing

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>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			- 1
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/09/22 Effective date <u>if applicable</u> :	
(no more than 90 days a	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote sep	arately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffic	
by	
Signature  (By,a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)  Suzanne Herrera  (Typed or printed name of	firectors or officers have not been of a receiver, trustee, or other court
President	
(Title of person signing)	