P21000095679

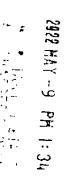
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JUL -6 2022 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MARIA IRAOLA.	PA	<u></u>
DOCUMENT NUMBE	ER: P21000095679		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	RAMON ORTEGA		
_		Name of Contact Person	I
F	AMON ORTEGA CPA, PA	\	
_		Firm/ Company	
1	555 BONA VENTURE BLV	D SUITE 1028	
_		Address	.
V	VESTON, FL 33326		
		City/ State and Zip Code	- :
F	ORTEGA@RAMONORTI	EGACPA.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	465-9315
Name of	Contact Person	at (Area Coo)le & Daytime Telephone Number
	the following amount made		
■ \$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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 lassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

5:1 H4 6-1VH 85BC

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000095679	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
MARIA IRAOLA OJEDA, PA	The 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2828 HAY -9 PH
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position. gistered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

15:1 Hd 6-14H 33B

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 D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			7367
Add				· •	1 VIJ 2207
Remove 3) Change		<u> </u>			<u>ب</u>
Add					3
Remove					<u> </u>
4) Change		<u></u>			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

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f an amendment provides for an ex	change reclassification or cancellation of issued shares	
<u>provisions for implementing the an</u>	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	· · · · · · · ·
f an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
<u>provisions for implementing the an</u>	nendment if not contained in the amendment itself:	
provisions for implementing the an	nendment if not contained in the amendment itself:	
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provisions for implementing the an	nendment if not contained in the amendment itself:	
provisions for implementing the an	nendment if not contained in the amendment itself:	

MAY 3, 2022	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s 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 directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	2822 HAY
by"	
by	- 9
Dated05 03 2022 Signature	7
Dated 05 03 2022	<u>.</u> <u>.</u> <u>.</u>
toan.	. Ψ. ω
Signature	
(By a director, president or other officer - if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of the first of the first or other of the first of the first or other of the first or other o	
appointed fiduciary by that fiduciary)	Joun
MARIA IRAOLA OJEDA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	