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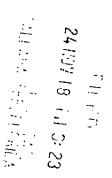
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed js-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** 

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

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Potricia L. Perez PA
(Name of Corporation as currently filed with the Florida Dept. of State)
P21000097048
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Suite 13075 Dixe Huy  Suite 13075
Ceval Jubles, 12-33.146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Suite 1307  Coval Gables, 52 33146
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:  Name of New Registered Agent
1309 S. Dixie Hay Suite 1307
New Registered Office Address: OPAX Gables , Florida 33/4C (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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)

Example:

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	Address
i) Change			- Hamilton India
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	······································			
***************************************				
	<del></del>			
<del></del>				
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,			
provisions for implementing the amer	ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		, <u>-</u> .
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amount of the approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
Dated	11/12/24	
Signature		- I
(By a 0 selecte	irector, president or other officer – if directors or officers have r d, by an incorporator – if in the hands of a receiver, trustee, or o	ther court
appoin	ted fiduciary by that fiduciary)	mer court
	$\partial L$	
	latricia lever	
	(Typed or printed name of person signing)	
	Daniel L	
	<u>Evesident</u>	
	(Title of person signing)	