# P22000017522

(Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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wrong form 3/24	wrong form 3/24



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APR 2 5 TO



February 8, 2023

GLORIA L RIVERA MENDEZ 1769 MARSH PALM PKWY OCOEE, FL 34761

SUBJECT: GLORIA L RIVERA MENDEZ, PA

Ref. Number: W23000016873

We have received your document for GLORIA L RIVERA MENDEZ, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 323A00002986

Stacy Prather Regulatory Specialist III

www.sunbiz.org

Distributed Community of the DO DOM 2007 TO N

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GLORIA	A L RIVEVA MENDEZ, PA		
DOCUMENT NUMB	er: P220000	017522		
The enclosed Articles o	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		Gloria Rivera		
-	Name of Contact Person			
-		Firm/ Company		
-	1769 Mars	h Palm Pkwy Address	_	
	ററ്			
-		EE, FL 34761  City/ State and Zip Code	_	
	alrivera	realtor @ a mail. com sed for future annual report notification)		
-	E-mail address: (to be us	ed for future annual report notification)		
For further information	concerning this matter, pleas	se call:		
(a)051a	Rujera	321 577-8156		
Name o	RIVERA f Contact Person	at ( <u>321</u> ) <u>527-8156</u> Area Code & Daytime Telephone Numb	er	
Enclosed is a check for	the following amount made	payable to the Florida Department of State:		
X S35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee		
233 runig rec	Certificate of Status	Certified Copy Certificate of Status		
		(Additional copy is Certified Copy enclosed) (Additional Copy		
		is enclosed)		
	ing Address	Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

#### Articles of Amendment to Articles of Incorporation

of

GL01	<u> KIA L. KI</u>	LENA MENDE	2 PA	• •
(Name of Cor	poration as currently	y filed with the Florida Dept.	of State)	
1	P2200001	17522		1
(	Document Number of	Corporation (if known)		- :
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this A	Florida Profit Corporation ad	opts the following ame	endiner S
A. If amending name, enter the new name of	the corporation:			٠.
GLORIA L RIVER	LA MENDE	EZ. PA	The	new
GLORIA L RIVER  name must be distinguishable and contain the wo "Inc." or Co" or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A abbreviation "P.A."	ompany," or "incorporated" of professional corporation not seem to the professional corporation of the professional corporatio	or the abbreviation "Come must contain the	orp.," word
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u>		<del>/ · · · · </del>		
				—
		<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		A/4		
(	<u></u> /	<u>,                                      </u>		
				—
<ul> <li>If amending the registered agent and/or renew registered agent and/or the new registered.</li> </ul>			e of the	
	x) /A	•		
Name of New Registered Agent	10///			
	(Florida stre	eet address)		
V 0 1 200 411	N/A	·	T23.0.20.10	
New Registered Office Address:	<del></del>	(Сиу)	(Zip Code)	
N	D			
New Registered Agent's Signature, if changing thereby accept the appointment as registered agencies.	<u>ig Registered Agent:</u> gent, – Lam familiar w	cith and accept the obligations	of the position.	
	NA			
	Signature of New Ro	egistered 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)

Add

Please note the officer/director title by the first letter of the office title:

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.

## Example: X Change <u>PT</u> John Doe X Remove $\underline{V}$ Mike Jones SV $X \land Add$ Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) N/A 1) Change $_{\perp \perp \perp \perp}$ Add \_\_\_\_ Remove 2) \_ \_ Change \_\_\_\_ Add Remove 3 i \_\_\_ Change \_ Add Remove Change \_\_\_ Add \_\_\_\_ Remove 5) \_\_\_ Change ..\_. Add \_\_ Remove 6) \_ \_ Change

(Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · ·	
·	
····	
(for amondment provides for an evaluation	and replace fration as a small stire of investigation
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

	10/1-2	
The date of each amendment(s) adoption date this document was signed.	2/18/2022	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	nes not meet the applicable statutory filing requirements, this dant of State's records.	nte will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment for approval.	,s)
"The number of votes east for the	by the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):  amendment(s) was/were sufficient for approval	
Dated 3/21/20	(voting group)	2023 MAR 24 PH 4: 43
selected, by an appointed fiduc	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other courciary by that fiduciary)	-
	(Typed or printed name of person signing)	
	Diesidant	
<del></del>	(Title of person signing)	<del></del>