

P220000 18519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

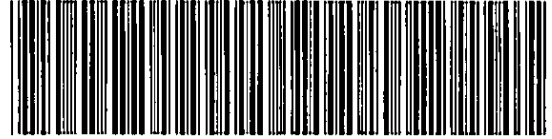
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shenelle Davis, P.A.

DOCUMENT NUMBER: P22000018519

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shenelle Goshka
Name of Contact Person

Firm/ Company

1051 Hacienda Cir
Address

Kissimmee, FL 34741
City/ State and Zip Code

realtorshenelledavis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shenelle Goshka at (407) 978-2008
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
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
Articles of Incorporation
of

Shenelle Davis, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000018519

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Shenelle Gosha, P.A.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Shenelle Gosha

1051 Hacienda Cir

(Florida street address)

New Registered Office Address:

Kissimmee

(City)

Florida

34741

(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.

S. Gosha

Signature of New Registered Agent, if changing

Check if applicable

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

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TALLAHASSEE, FLORIDA

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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Shenelle Gresham</u>	<u>1051 Hacienda Cir</u>
<input checked="" type="checkbox"/> Add			<u>Kissimmee, FL 34741</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Shonik Davis</u>	<u>1051 Hacienda Cir</u>
<input type="checkbox"/> Add			<u>Kissimmee, FL 34741</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 06/09/2022
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated 06/09/2022

Signature S. Beate
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Shenelle Grasha
(Typed or printed name of person signing)

President
(Title of person signing)

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA MARRIAGE RECORD

ALL IN UPPERCASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

2022-ML-002169-0

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) HORACE MICHAEL GOSHA		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 09/29/1983
3a. RESIDENCE - CITY, TOWN, OR LOCATION KISSIMMEE	3b. COUNTY OSCEOLA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. NAME OF SPOUSE (First, Middle, Last) SHENELLE ANNTONETTE DAVIS		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) 09/16/1983
7a. RESIDENCE - CITY, TOWN, OR LOCATION KISSIMMEE	7b. COUNTY OSCEOLA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) BAHAMAS

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF SPOUSE (sign full name using black ink) <i>Horace Gosha</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 2/28/2022
11. TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Shenelle Davis</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 2/28/2022
15. TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE	18. DATE LICENSE ISSUED 02/28/2022	18a. DATE LICENSE EFFECTIVE 02/28/2022	19. EXPIRATION DATE 04/29/2022
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY <i>[Signature]</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) FEB 28 2022	22. CITY, TOWN, OR LOCATION OF MARRIAGE ORANGE COUNTY COURTHOUSE ORLANDO, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 425 N. Orange Ave., Room 350
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Brian Williams, Deputy Clerk	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) •
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) •

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

SPOUSE	26. SOCIAL SECURITY NUMBER 589-24-7052	27. RACE BLACK	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, AND 29c	
				29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
SPOUSE	30. SOCIAL SECURITY NUMBER 594-17-5285	31. RACE BLACK	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, AND 33c	
				33a. NO. OF THIS MARRIAGE 4	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
				29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 02/25/2022	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 09/14/2021