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## COVER LETTER 4

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: EURY ORTIZ, P	<sup>2</sup> .A.				
DOCUMENT I	022000010161	* = · · · · · · · · · · · · · · · · · ·				
The enclosed A	rticles of Amendment and fee are s	submitted for filing.				
Please return ali	correspondence concerning this re	natter to the following:				
	EURITMIA ORTIZ					
	Name of Contact Person					
	EURY ORTIZ, P.A.					
	Firm/ Company					
	123 CURTIS CIRCLE					
	Address					
	SEBASTIAN FL 32958					
	City/ State and Zip Code					
	REALTOREURY@GMAIL.COM					
	E-mail address: (to be	used for future annual report	notification)			
For further infor	rmation concerning this matter, ple		535-8988			
Name of Contact Person		at (	_)de & Daytime Telephone Number			
	eck for the following amount mad		•			
■ \$35 Filing	Fee □S43.75 Filing Fee & Certificate of Status	☐\$43.75 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 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

## 2022 DEC -9 AN 7: 2

## Articles of Amendment

to Articles of Incorporation of

EURY ORTIZ, P.A.			
(Name of Corporation	on as currently	filed with the Florida De	ept. of State)
P22000019101			
(Docum	nent Number of (	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this FI	orida Profit Corporation	adopts the following amends
A. If amending name, enter the new name of the co	orporation:		
EURITMIA ORTIZ, P.A.			The ne
name must be distinguishable and contain the word "co" "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A		d" or the abbreviation "Corp.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>u</u> Dress )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )		
D. If amending the registered agent and/or register new registered agent and/or the new registered.		ss in Florida, enter the 1	name of the
Name of New Registered Agent	<u></u>		
	(Florida stree	t address)	
New Registered Office Address:	· C	ϊφγ	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	l am familiar wii	th and accept the obligati	ions of the position.
Signa	ature of New Reg	istered Agent, if changin	g —

Check if applicable

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

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	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 a action was not required.	ction 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.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rmeni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	ZO TAL
12/05/2022	2022 DEC
Dated	
Signature (1) Cuy	9
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	Zu. (
appointed fiduciary by that fiduciary)	
EURITMIA ORTIZ	F 8
(Typed or printed name of person signing)	<del></del>
fres:dent	
(Title of person signing)	<del></del>