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2024 NOV 18 AM 9: 15

Chin

Katie MCCann Will Reinsursen me FORTHE Fee.

Thankyou, Raul Alverez Paul Colvanes

SECRETARY OF STAT

an ID: B0BE7531-859C-EF11-88CF-002248299057

COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: KATIE MCCANN P.	A		
	IBER: P22000040582			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	KATHRYN MCCANN			_
		Name of Contact Persor	1	
	KATIE MCCANN PA			
		Firm/ Company		_
	408 NE 6TH ST UNIT 615			
		Address		_
	FORT LAUDERDALE, FL 3330)4		
City/ State and Zip Code				_
	KatieMcCann@keyes.com			2
	E-mail address: (10 be us	sed for future annual report	notification)	124 in SECT
For further informat	ion concerning this matter, pleas	se call:		SECRETARY OF STATE TALLAHASSEE, FL
Raul Alvarez		9 54 at (472-9144 EXT 101	ASS CAN CO
Name	e of Contact Person	Area Co	de & Daytime Telephone Numb	er ET CO
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	AM 9: 15 NASSEE, FL
■ \$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)	

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

gn ID, B0BE7531-859C-EF11-88CF-002248299057

Articles of Amendment to Articles of Incorporation

KATIE	МC	CAN	w	PA
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(Name of Corporation a	as currently filed with t	<u>he Florida Dept. of State</u>)	
P22000040582				
(Document	Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006. Florida Statis Articles of Incorporation:	atutes, this <i>Florida Profi</i>	Corporation adopts the f	ollowing amend	lment(s) to
A. If amending name, enter the new name of the corpo	oration:			
Kathryn Lou Ann McCann PA			The r	<i>w</i>
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered." "professional association," or the abbrevial	r "Co". A professiona		previation "Corp	D., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			_
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered offi 		a, enter the name of the	SE	202
Name of New Registered Agent			CRETARY	17 1 E., 2024 HOV 18
			RETARY OF ALLIAHASSET	- 1 ⁻³
	(Florida street address)		 	, }
New Registered Office Address:		. Florida		AM
	(City)		(Zip Code)	-è ,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ot the obligations of the po	osition.	
<u> </u>	e of New Registered Age	nt, if changing		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607	.0120 (11) (e), F.S.			

jn ID. B08E7531-859C-EF-11-88CF-002248299057

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iddress 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>1' 1</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>	<u>Name</u>	Address
i) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			SECRETALL
Add			NOV 18 CRE ARE
Remove			AHR A
4) Change			AR 9: 15
Add			
Remove			— m
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
	<u> </u>		
			
		· · · · · · · · · · · · · · · · · · ·	
		2024	
		CRET	ا حا
. If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:		T
		M 9: 15 OF STIATE SEE, FL	•
		THE O	
		<u> </u>	
			

	(s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	NOVEMBER 5, 2024	
ratective date it apparame:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date was Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
	11/06/24	
Dated		
Signature	Katie McCann	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	2021 SE1
	Kathryn Lou Ann McCann	2024 NOV 18 AM SECRETARY OF TALLAHASSET
	(Typed or printed name of person signing)	ER 8
	President	Y OF
	(Title of person signing)	9: 15

30 th; 2005 500 (-0040-65 11-000-400554058900)