P22000043696

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COVER LETTER .

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: <u>JCSICQ</u>	Robins PA
DOCUMENT NUMBER: \$22,0000	43696
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Jessica C	Cassitty
<u> </u>	Name of Contact Person
	Firm/ Company
6779 NW AV	oigail Ave Port Saint Lucie, Ft, 34983
Port saint L	ICIC, FL 34983 Tity/ State and Zip Code
E-mail address: (to be used to	The nuigh ard up. com or future annual report notification)
For further information concerning this matter, please ca	վ ի ։
JESSICA CUSSITY Name of Contact Person	at (561), 312 – 9495 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	able to the Florida Department of State;
Certificate of Status	S43.75 Filing Fee & DIS52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation

of

lessica Robins PA	
(Name of Corporation as current	y filed with the Florida Dept. of State)
<u> P22000043696</u>	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Jessica Leigh Cassitty P	A The new
name must be distinguishable and contain the word "corporation," "on "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable:	10779 NW A Wiggil AVENTE.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Port Saint Lucie, Pl. 34983
	Port Saint Lucie, PL 34983
C. Enter new mailing address, if applicable:	1770 Mint Minimin In
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	4 119 NVV Horgan Avenue
	Port Saint Lucie, PL 34983
	y
D. Hammadian share to the state of the state	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	<u>tess in Florida, enter the name of the</u> :
Name of New Registered Agent N A	-
Name of New Registered Agent	70
(Florida Mr.	out addresses
	et aduressy
New Registered Office Address: N H	City) (Zip Code)
	201
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
The cost accept the appointment as registered agent. I am jamatar w	an and accept the obligations of the position.
NIA	2
	## ## ## ## ## ## ## ## ## ## ## ## ##
Signature of New Re	rgistered Agent, if changing
Check if applicable	7
☐ 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)

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	PT John Doe
X Remove	V Mike Jones
X Add	SV Sally Smith
Type of Action (Check One)	Title Name JESSICO ROBINS TOZ Address
1) Change	P Jessica Leigh Cassity 1279 NW Abigail Ave.
Add	Dessica leigh Courty 1079 NW Abigail Ave. Same person (maiden name to married name) Bort Saint Lucie FL 3498
Remove	married
2) Change	
Add	 _
Remove 3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
51 Change	
Add	
Remove	
б) Change	
Add	
Remove	

	sheets, if necessary).				
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an amendment	provides for an excl	hanna raclassifian	tion or consollativ	n af icewad charac	
	plementing the ame	endment if not con	tained in the amer	idment itself:	1
provisions for im	thle, indicate N/A)			*	
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<u>provisions for im</u>	N/B				
<u>provisions for im</u>	NH				
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The date of each amendment(s) adoption: 57/05/2004
Effective date if applicable: 05 2020 (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
Dated 02/2024
Signature (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)
(Typed or printed name of person signing)
(Title of person signing)