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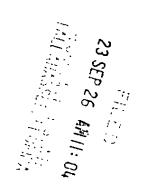
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOVALY	ne M. Mc Deese PA
_	0045698
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
	Name of Contact Person
Laraine	Firm/ Company
Mailing: P.O	. Box 1 Address
Bokecli	City/ State and Zip Code
Realtor La E-mail address: (10 be 1	used for future annual report notification)
For further information concerning this matter, ple	ase call:
Laraine Moyer	at (239) 304 619 0 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

Articles of Incor	poration ()
of .	· · · · · · · · · · · · · · · · · · ·
Laraine m. Mc	Deese PA
(Name of Corporation as currently f	filed with the Florida Dept. of State)
P22.0000450	.98 <i></i>
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Laraine M. Moyer, Pr	A The new
name must be distinguishable and contain the word "corporation," "con"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	- 10
(Mailing address MAY BE A POST OFFICE BOX)	DIIT
·	
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida street	ı address)
New Registered Office Address:	, Florida
(C.	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Thereby decept are appointment has regulered agent. The appointment has	and the confirmation of the particular of the pa
Ç. , ,	sistered 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)

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: X Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) X Change	<u>PST</u>	- 	Laraine McDeese	charge to
Add			name change to	416 DW 24th Pl
Remove			Laraine mayer	Cape Coral FL 3399?
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

<u>If amending or adding addition</u> Attach <i>additional sheets, if neces</i> .	sary). (Be specific)	ingers nere.			
	.,	NA			
<u></u>		NIF_{-}			
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f an amendment provides for a	n exchange, reclass	ification, or cancel	lation of issued sl	hares,	
provisions for implementing tl	ie amendment if not	contained in the	mendment itself:	<u> </u>	
(if not applicable, indicate i	<i>∛A</i>)				
	<u> Dl</u>	H			
			· · · · · · · · · · · · · · · · · · ·		
					
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The date of each amendment(s) adoption:date this document was signed.	NA	if other than the
Effective date if applicables	P/A no more than 90 days after amendment fit	lu data)
(n	o more than 90 days after amenament fi	ie aaie)
Note: If the date inserted in this block does not n document's effective date on the Department of Sta		irements, this date will not be listed as the
	CK ONE)	
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sharps by the shareholders was/were sufficient for approximation.		the amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		
"The number of votes cast for the amendn	nent(s) was/were sufficient for approval	
by	.,,	
(voting	group)	
Dated 9/12/20	023	
Signature2M_acc	100 /	
(By a director, presider	nt or other officer – if directors or officer	s have not been
	orator - if in the hands of a receiver, trust	
(Tvi	ped or printed name of person signing)	
(1)1		
	151	
(Tit)	de of person signing)	