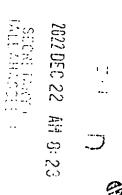
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## **COVER LETTER**

fO: Amendment Section Division of Corporations

Monaco , P.A· NAME OF CORPORATION: 0000 76877 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Jay M. Needelman, CPA 520 W. 47th Street Miami Beach, FL 33140 Address City/ State and Zip Code CPA160 CAOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation (Name of Corporation as currently filed with the Florida P220000 76877 (Document Number of Corporation (it 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: v. If amending name, enter the new name of the corporation: a.me 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," "protessional 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 (Florida street address) New Registered Office Addres (City) (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,

Signature of New Registered 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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustce; \ C = Chairman or Clerk; \ CEO = Chief Evecutive Officer; \ CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. Treasurer, Director would be PTD.$ 

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: <u>X</u> Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
11 Change			
Add			
Remove	•		
2) Change			/
Add			
Remove Change			
Add			
Remove			
4) Change			
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Remove			
5) Change		/	
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Remove		•	\
41 Change	•		
Add (			
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i amending or adding additional Art Attach <i>additional sheets, if necessary).</i>	(Be specific)	nere.	
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If an amendment provides for an exclude provisions for implementing the ame	hange, reclassification	n, or cancellation of issued s	hares,
(if not applicable, indicate N/A)	endment it not contai	ned in the amendment itself	<u> </u>
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1,0/22
The date of each amendment(s) adoption: 12 18 22 , if other than the date this document was signed.
Effective date <u>if applicable</u> :
(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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
DEC 1 8 2022
Dated
Signature Down O. Olan Color
(By a difector, 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)
Diana A. Arnopoulos
(Typed or printed name of person signing)
Pres.
(Title of person signing)