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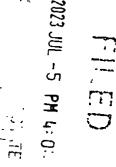
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7/12/23 VLN



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZAMORA VANE	SSA E P.A.			
DOCUMENT NUMB	ER: P23000014582				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ZAMORA, VANESSA E				
•	Name of Contact Person				
	Firm/ Company				
	11000 NW 58TH TERRACE				
•		Address			
	DORAL, FL 33178				
•		City/ State and Zip Code	2		
	vanessa@zamora.me				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ZAMORA, VANESSA	A	at (	300-3255		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

ZAMORA VANESSA E P.A.

ZAWOKA VANESSAT. I.A.	Alu Glad mith the Floride Done of Ctate)
P23000014582	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
VANESSA E. ZAMORA P.A.	The new
name must be distinguishable and contain the word "corporation," "Inc,," or Co,," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
	1
C. Enter new mailing address, if applicable:	. Of ;
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
(Florida s	treet address)
New Registered Office Address:	. Florida
The same of the sa	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New	
	Registered Agent, y 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.

X Change	<u>PT</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>	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
<i>δ</i> ) Change			
Add			
Remove			

Attach additi	or adding additional A onal sheets, if necessary)	). (Be specific)			
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	<del></del>				
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			<del> </del>		
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lf an amendi	nent provides for an ex	change, reclassific	cation, or cancella	tion of issued share	<u>:s.</u>
(if not a	or implementing the an opticable, indicate N/A)	nenament ii not co	ontained in the am	enament itseir:	
.,	•				
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	<del>-</del>				

The date of each amendment(s) adoption:	02	16/2023		, if other than the
date this document was signed.  Effective date if applicable:	O2/	16/2023 16/2023 10 days after amendme	) u jile date)	
Note: If the date inserted in this block does n document's effective date on the Department of		cable statutory filing r	equirements, this date will no	ot be listed as the
Adoption of Amendment(s) (CI	IECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or	board of directors with	out shareholder action and sh	nareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ne number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/wo	ere sufficient for appro	val	
by	ting group)			
(10)	ang group,			
Dated 03	5/08/20	23		
Signature	5/08/20	udulder		
(By a director, pres	sident or other off orporator – if in t	icer – if directors or of he hands of a receiver.		•
	amora,	Vaness I name of person signin	E	<del></del>
			g)	
	(Title of person s			
	(True of person s	iginiig <i>j</i>		