## P2300026902

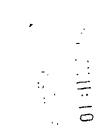
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Dayangela Requen	ia, P.A.	
DOCUMENT NUM	P23000026002		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Dayangela Requena		
		Name of Contact Person	n
	Dayangela Requena, P.A.		
		Firm/ Company	
	5776 NW 100 Avenue	• •	
		Address	·
	Doral, Fl 33178		
		City/ State and Zip Code	e
	dayangela@hotmail.com		
		sed for future annual report	notification
For further informati	on concerning this matter, plea	se call: 786	953-3013
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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	nendment Section vision of Corporations	Amendment Section Division of Corporations	
	O. Box 6327	The Centre of Tallahassee	
Ta	llahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Davangela Requena, P.A

Dayangera Requena, r.A		7.52 -11- 00	
(Name of Corporati	ion as currently filed with the Florid	la Dept. of State) 🚭	·:: 11: 10
P23000026902			
(Docum	ment Number of Corporation (if know	n) · '	•
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpora</i>	ation adopts the follow	ing amendment
If amending name, enter the new name of the co	orporation:		
Dayangela Requena Lanz, P.A.			The new
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc. chartered," "professional association," or the abbre	" or "Co". A professional corpora		tion "Corp.,"
B. Enter new principal office address, if applicable  Principal office address MUST BE A STREET ADD			
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
If amending the registered agent and/or registered new registered agent and/or the new registered		the name of the	
new registered agent and/or the new registered	office address.		
Name of New Registered Agent	<del></del>		<del></del>
	(Florida street address)		<del></del>
New Registered Office Address:		, Florida	
	(City)		n Code)
Tew Registered Agent's Signature, if changing Regional Region Regional Regi		igations of the position	ı.
Sian	vature of New Registered Agent, if char	noino	<del></del>
Sign	anne of New Negisierea Agent, if chai	ngmg	

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)

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>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			
Add			
Remove			
2) Change			200000000
Add			
Remove 3) Change			
Add			
Remove			
4) Change		· <u>·········</u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Anaci	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
fan <i>i</i>	ndment provides for an exchange, reclassification, or cancellation of issued shares,
nrov	is for implementing the amendment if not contained in the amendment itself:
(	ot applicable, indicate N/A)
	<u> </u>

•

The date of each amendment(s) as date this document was signed.	doption:, if other than
•	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
08/16/2023	
Dated	
Signature	Andreadul ingualar
(By a di	The Medical Light Control of the Con
selecte	I, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Dayangela Requena
	(Typed or printed name of person signing)
	President