P23000039188

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(/	Address)
(/	Address)
	City/State/Zip/Phone #)
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(E	Business Entity Name)
(0	Document Number)
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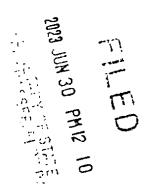
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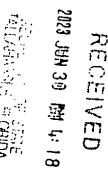
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07/105/28--01000---000 **35.00



A. RAMSEY

JUL - 5 2023



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: LUCIANA GORTARI PA	
DOCUMENT NUM	IBER:	
The enclosed Articles	s of Amendment and fee are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	LUCIANA GORȚĂRI VAMMALLE	<u></u>
man 1 fr. s.	Name of Contact Person	o,
·	Firm/ Company 5900 COLLINS AVE. APT 1202	
	Address MIAMI BEACH, FL 33140	
	City/ State and Zip Code	-
•	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:	
• •	of Contact Person Area Code & Daytime Telephone Nu	mber
Enclosed is a check for	Or the following amount made payable to the Florida Department of State:	er for a service of the service of t
Am Divi P.O.	illing Address lendment Section dision of Corporations Box 6327 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)

Articles of Amendment to Articles of Incorporation of

FILED

LUCIANA GORTARI PA		PM 12
(Name of Corporation	on as currently filed with the Florida Dept. of State 111 30	
P23000039188		Y = 5 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Docum	ent Number of Corporation (if known)	,
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following a	imendment(
A. If amending name, enter the new name of the co	rporation:	
LUCIANA GORTARI VAMMALLE PA		he new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	rporation." "company," or "incorparated" or the abbreviation " or "Co". A professional corporation name must contain the viation "P.A."	'Corp.," he word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:	
new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:	
If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	ed office address in Florida, enter the name of the office address:	
new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:	
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent	(Florida street address)	,
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Regi	(Florida street address) (Florida street address) , Florida (City) , (Zip Code	e)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Regi	(Florida street address) (Florida (City) . (Zip Code	
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Regi	(Florida street address) (Florida street address) , Florida (City) , (Zip Code	e)
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Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if changing Regi	(Florida street address) (Florida street address) , Florida (City) , (Zip Code	,,
Name of New Registered Agent New Registered Office Address: New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(Florida street address) (Florida street address) , Florida (City) , (Zip Code	,
Name of New Registered Agent New Registered Office Address: New Registered Office Address: ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(Florida street address) (Florida street address) (City) Stered Agent: am familiar with and accept the obligations of the position.	e)
Name of New Registered Agent New Registered Office Address: Lew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(Florida street address) (Florida street address) (City) Stered Agent: am familiar with and accept the obligations of the position.	e)

Carana di Milla Caran

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	PT John	n Doc		
X Remove	V Mik	c Jones		
X Add	SV Sall	<u>y Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>		Address -
1) Change				
Add				
Remove				
2) Change				·
Add				
Remove Change				1
Add				
Remove				·
4) Change				
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	Contract Contract	
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an amendment provide	s for an exchange, reclassification,	or cancellation of issued shares.
rovisions for implement (if not applicable, indi	ting the amendment if not containe	d in the amendment itself:
(ij noi applicable, inal	icate IVA)	
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The date of each amendment	s) adoption:, 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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
sel	Oth Co
	LUCIANA GORTARI VAMMALLE
	(Typed or printed name of person signing)
	PRESIDENT
1	(Title of person signing)
	•