## P23000048906

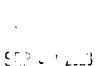
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROCIO RICHTER PA DOCUMENT NUMBER: P23000048906 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROCIO RICHTER Name of Contact Person ROCIO RICHTER PA Firm/ Company 900 SAINT CHARLES PL 702 Address PEMBROKE PINES FL 33026 City/ State and Zip Code ROCIORICHTER@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROCIO RICHTER** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & ☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 to Articles of Incorporation

of

(Name of Corporation	a <u>tion as currently</u>	filed with the Florida Dept. of State)
P23000048906		٠
(Doc	ument Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:	
ROCIO RICHTER PA		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	ic," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.,"  professional corporation name must contain the word
B. Enter new principal office address, if applical	ble:	ROCIO RICHTER
(Principal office address MUST BE A STREET A		PRESIDENT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address:	ess in Florida, enter the name of the
Name of New Registered Agent H		•
	· · · · · · · · · · · · · · · · · · ·	
	tFlorida stre	vet address)
New Registered Office Address:		Florida
		(City) (Zip Code)
	•	(City) (Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	
I hereby accept the appointment as registered agent	t. I am familiar w	ath and accept the obligations of the position.
Si	enature of New Re	rgistered 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.

X Change	PT Joh	in Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sai</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	ROCIO RICHTER	900 SAINT CHARLES PL 702
X Add			PEMBROKE PINES FL 33026
Remove			
2) Change		r1/A	
Add			
Remove 3) Change	<del></del>	N/A	
Add			
Remove		1	
4) Change		N/A	
Add			
Remove			
5) Change		N/A	·
Add			
Remove		. 10	
б) Change	···	<u> </u>	
Add			
Remove			

	sheets, if necessary). (Be specific)	
4/17	· · · · · · · · · · · · · · · · · · ·	
		· <u> </u>
· ·		
lf an amendme	t provides for an exchange, reclassification, or cancellation of issued shares,	
(if not app	mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)	
MIA		
		- <u> </u>

The date of each amendment(s) addate this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	u datar
	ino more man 20 mays after amenament fits	e unie/
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the ficient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	114 /2023	
Signature _	Ban Kall	
(By á di	ector, president or other officer - if directors or officers	s have not been
selécted	by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	ee, or other court
_	Rozio Richter	
	(Typed or printed name of person signing)	<del></del>
	PRESI DENT	
	(Title of person signing)	