

From: Alvaro

Fax: +13057282377

To:

Fax: +1306176380

09/18/2024 4:46 PM

09/18/2024 4:46 PM

P23 00060789

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000318581 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000318581 3)))



H240003185813ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : FORTUNA & ASSOCIATES TAX SERVICES
Account Number : I20210000098
Phone : (305)728-2377
Fax Number : (302)728-2378

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FORTUNATAXPROS@GMAIL.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN
NELIDA GOMEZ REALTOR P.A.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

FILED

2024 SEP 18 PM 12:54

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FL

RECEIVED

2024 SEP 18 PM 4:05

Electronic Filing Menu

Corporate Filing Menu

Help

H24000318581 3

H24000318581 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NELIDA GOMEZ REALTOR P.A.DOCUMENT NUMBER: P23000060787The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELIDA GOMEZ

Name of Contact Person

NELIDA GOMEZ REALTOR P.A.

Firm/ Company

1141 NW 26TH AVE RD

Address

MIAMI, FL 33125

City/ State and Zip Code

NELIDAGOMEZREALTOR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELIDA GOMEZ at (786) 547-7270

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

STATE OF FLORIDA
TALLAHASSEE, FL

2024 SEP 18 PM 12:55

FILED

H24000318581 3

Articles of Amendment
to
Articles of Incorporation
of

H24000318581 3

NELIDA GOMEZ REALTOR P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000060787

(Document Number of Corporation (if 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:

A. If amending name, enter the new name of the corporation:

NELIDA GOMEZ P.A.

The new name 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," "professional 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 Address:

(City)

Florida

(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) (c), F.S.

H24000318581 3

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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

H24000318581 3

E. If amending or adding additional Articles, enter change(s) here:*(Attach additional sheets, if necessary). (Be specific)***F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:***(if not applicable, indicate N/A)*2024 SEP 18 PM 12:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

FILED

H24000318581 3

09/18/2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____

(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 cast for the amendment(s) was/were sufficient for approval

by _____

(voting group)

Dated 09/18/2024

Signature

(By a director, 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)

NELIDA GOMEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 SEP 18 PM 12:55

FILED