P24 660003085

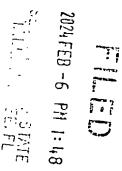
(R	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name	e)
(De	ocument Number)	
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Special Instructions to	Filing Officer:	· ·
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COVER LETTER

TO: Amendment Section Division of Corporations

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	on: <u>D.L. SA</u>	NDYA R.	Alvakez M.D., PA
DOCUMENT NUMBER:	12400000	3085	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
		CAKMAKCI Name of Contact Person H ACCuunti Firm/ Company	
8	29 Baile	Firm/ Company y STree T	
		$\frac{1}{\sqrt{\frac{FL}{\text{City/ State and Zip Cod}}}}$	3487
		LT Tax Prep. Co	
For further information con			000 ///00
MALISSA (AK)	<u>りみにし</u> ntact Person	at (_ 56) Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made		·
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division (P.O. Box	ent Section of Corporations	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

to
Articles of Incorporation

	nt Number of Corporation (if known)	70
	·	
rsuant to the provisions of section 607,1006, Florida S Articles of Incorporation:	statules, this <i>Floridu Profit Corporation</i> adopts	the following amendment(s)
If amending name, enter the new name of the cor	poration:	
		The new
me must be distinguishable and contain the word "corpore" or Co.," or the designation "Corp." "Inc," hartered," "professional association," or the abbrevi	or "Co". A professional corporation name	e abbreviation "Corp.," must-contain-the-word
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDR</u>	<u>uess</u>)	
	-	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Stating datess SIAT BE A POST OFFICE BOX	,	_
		
If amending the registered agent and/or registered new registered agent and/or the new registered of		<u>the</u>
Name of New Registered Agent		
Sum of Sen registred Agent		
	(Florida street address)	_
New Registered Office Address:	, Flo	
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Regis ereby accept the appointment as registered agent. I is	tered Agent:	

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	PT John De	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 19801 HAMPTON DA., C-2
1) Change	President	LURI R. EATON	BOCA RATON, FL 33434
Add Remove	0	7 A ALIAN -	19801 HAMPTON DR. C-2
2) Change Add	<u>Viesid</u> enT	SANDRA R. AlVAREZ	BOLA RATON, FL 33434
Remove 3) Remove			
Add Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add Remove			

Mach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
<u></u>		
-		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:	
tit not annlicable, indicate N/4\		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without share	eholder action and shareholder
The amendment(s) was/were adopty the shareholders was/were suf-	oted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	-2-2024 70,11 ND.	
Signature —	and M	
(By a dir selected	rector, president of other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary)	
_	SANDOA R. AIVAL(2 (Typed or printed name of person signing)	
_	Vice - President (Title of person signing)	
	(Title of person signing)	

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