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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN KEYSHLA LOPEZ PA

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Help

COVER LETTER

TO: Amendment Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)			
NAME OF CORPOR	RATION: KEYSHLA LOPEZ	PA	
DOCUMENT NUME			
	of Amendment and fee are sub	emitted for filling.	
Please return all corre	spondence concoming this mat	ter to the following:	
	LOPEZ KEYSHLA		
		Name of Contact Person	
	KEYSHLA LOPEZ PA		
		Pirm/ Company	
	100 MYRTLE ST 422	,	
		Address	
	LONGWOOD, FL 32750	V.2.	
		City/ State and Zip Code	
	Lopezrealstep@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
KEYSHLA LOPEZ		at (32) 3371350 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fi	or the following amount made	payable to the Floride Dep	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	tiling Address nondment Section vision of Corporations D. Box 6327 Hahassee, PL 32314	Amono Divisio The C 2415	Address iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

THE THE PARTY OF T

Articles of Amendment to Articles of Incorporation of

FILED

2025 JAN 24 AM 8: 57

RETSHEA LOPUZ PA	All O. J
P24000005589	tly filed with the Florida Dant, of State) AHASSEE, FLORID
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: KEYSHLA LOPEZ VEGA PA	•
name must he distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A Brolevicoust composition made and according to the
B. Enter new principal office address, if applicables	15836 Green Cove Blvd
(Principal office address MUST HE A STREET ADDRESS)	Clermont, FL 34714
C. Enter now mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	15836 Green Cove Blvd
	Clermont, FL 34714
D. If amonding the registered agent and/or registered office add new registered agent and/or the new registered office address Nums of New Registered Agent	ress in Florida, enter the name of the
(Florida str	oct address)
Naw Revisiered Office Address:	, Florida
	(City) (Zip Code)
iew Resistored Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
heck if applicable The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (

____ Remove

address of each Office (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF President, Treasurer, Changes should be no	ets, if neces director iti ce Presiden O = Chief F Director wo ited in the fo	Director being sary) le by the first l l; T= Treasur. linancial Official of the PTD. allowing mannicorporation, Science of the PTD. corporation, Science of the same of the PTD.	sided; etter of the affice title; er: S= Secretary; D= Director; T, er: If an officer/director holds mor er: Currently John Doe is listed a ally Smith is named the V and S. T	R-Trustee; C - Chairman or Clerk; CEO = e than one title, list the first letter of each official the PST and Mike Jones is listed as the P. These should be noted as John Doe, PT as a Ch	Chief e held. here is
X Change	PT	Iohn Doo			
X Remove	Y	Mike Jones			
_X Add	YZ	Saily Smith			
Type of Action (Check One)	Title	<u>Na</u>	me	Address	
I) X Change	PT	KF	EYSHLA LOPEZ VEGA	15836 Green Cove Blvd	
Add				Clemont, FL 34714	
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change				-	
Add					
Remove					
3) Change					
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Attach (ding or adding additions additional sheets, if necess	ury). (Be specific	7		
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Lan am provision (if)	endment provides for arons for implementing the not applicable, indicate N	exchange, reclassi amendment if not (4)	ification, or cancell contained in the a	ation of lesued share, mendment itself:	L
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The date of each amendment(s) date this document was signed.	adoption:	if other	than the
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.	not be list	cd as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were at action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	sharcholde	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
The amendment(s) was/wore apmuss be separately provided for	proved by the shareholders through voting groups. The following statement is each voting group entitled to vote separately on the amendment(s):	2025 JAN 24	
"The number of votes car	it for the amendment(s) was/were sufficient for approval	JAI	177
ьу	(voting group)	12	-
	(voiling group) ဟံ		1
01/24/202 Dated	5 E	M 8: 51	
Signature			٤
aelect	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_	
	KEYSHLA LOPEZ VEGA		
	(Typed or printed name of person signing)	-	•
	PRESIDENT		
	(Title of person signing)		