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FILEU 2024 APR -3 PH 3: 47

COVER LETTER

Division of Corporations Katherine P. Sanchez PA NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person 1390 Brickell GV STR 104 Address MICINI: FL 33131

City/ State and Zip Code KCITHYOCOCT © HOTTYCH, CCITY
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **Ⅲ**\$43.75 Filing Fee & **☐\$43.75** Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 Incorporatio

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	Of PA2024 APR -3 PH 3: 47 ion as currently filed with the Florida Dept. of State) NA
	ion as currently filed with the Florida Dept. of State)
(Досип	NA STATE
(Досип	
•	ment Number of Corporation (if known)
rsuant to the provisions of section 607,1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the co	orporation:
Katherine D. Sa	minoz Ciprian PA The new
ne must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
Enter new principal office address, if applicable incipal office address <u>MUST BE A STREET ADL</u>	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<i>N</i> A
If amending the registered agent and/or register	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	<i>N</i> /\
· · · · · · · · · · · · · · · · · · ·	(Florida street address)
New Registered Office Address	Florida
The frequency of the frequency	(City) (Zip Code)

[☐] 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 Doe		
X Remove	V Mike Jones	i	
X Add	SV Sally Smith	1	
Type of Action (Check One)		ame	Address
1) Change	<u>NA</u>	N A	
Add			
Remove	u In	NA	
2) Change	<u>Na</u> _	1011	
Add		1	
Remove 3) Change	_NA _	NA	
Add			
Remove	. 1.	VA	
4) Change	<u>NA</u>		
Add			
Remove		NA	
5) Change	<u> </u>		
Add			
Remove	n la	0 /0	
6) Change	<u></u>	NA NA	
Add			
Remove			

If amending or a Attach <i>additiona</i>	idding addition I sheets, if neces	al Articles, en sary). (Be sp	ter change(s) pecific)	<u>here</u> :			
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If an amendmen provisions for i	nt provides for a implementing the icable, indicate t	he amendment	eclassification t if not contain	n, or cancella ned in the am	tion of issued endment itse	shares, lf:	
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	nendment(s) adoption:	\mathcal{N}	, if other than the
date this document w	_	\wedge / A	
Effective date if app	olicable:	(no more than 90 da	ys after amendment file date)
	serted in this block does date on the Department		e statutory filing requirements, this date will not be listed as the
Adoption of Amend	ment(s)	CHECK ONE)	
The amendment(s action was not rec		he incorporators, or board	d of directors without shareholder action and shareholder
	s) was/were adopted by the ers was/were sufficient for		mber of votes cast for the amendment(s)
			n voting groups. The following statement eseparately on the amendment(s):
"The numbe	er of votes cast for the ar	nendment(s) was/were su	ufficient for approval
by	(1	voting group)	."
	(By a director, preselected, by an in	ncorporator – if in the hau ary by that fiduciary)	