P2400002PB55

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(Document Number)
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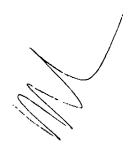
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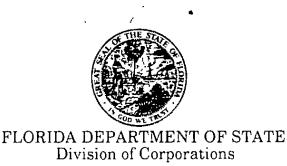
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SECRETARY OF STATI

2024 JUL 10 PH 3





June 12, 2024

ADRIANA LOPES BARROS MUNHOLI 8803 FUTURES DRIVE SUITE 5B ORLANDO, FL 32819

SUBJECT: LUIS HENRIQUE COSSENZO CANDIOTO P.A.

Ref. Number: P24000021858

We have received your document for LUIS HENRIQUE COSSENZO CANDIOTO P.A. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

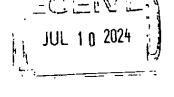
The form you submitted is for a LLC, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calfig (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 224A00012787



COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Luis Hemrique Cossemzo Camdioto P.A. DOCUMENT NUMBER: P24000021858	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gariama Lores Barros mumbo L Name of Contact Person	
Premium Consulting and tax Services Firm/ Company	
8803 futures Drive Suite 58	
Orlando, Florida, 32819	
City/ State and Zip Code	
Odria ma @ Premium taxusa. Com	
E-mail address: (to be used for future annual report notification)	
Odria ma @ Premium tax vsa. 6m E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Odriama Lores Barros humbol: Name of Contact Person Area Code & Daytime Telephone Number The standard is a short for the following appears to a short for the following appears to the Florida December of Server.	7
Odrioma Lores Parros humbol: Name of Contact Person Area Code & Daytime Telephone Number	, (
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & □\$52.50 Filing Fee 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

Articles of Amendment

Articles of Incorporation

Luis Hemvique Cossemzo Camdioto P.A.	
	filed with the Florida Dept. of State)
P24000021858	
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "ce "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14 / n
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: Name of New Registered Agent N A	
(Florida stre	
New Registered Office Address: NA	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (

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:	Drr	Labor Day			
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	1	Address	
1) X _ Change	P	<u>C. Candiato</u> ,	Luis Hemrique	Woss moderna Lame,	_
Add		,	1	Orlando, FL 32827	
Remove					_
2) Change					
Add					
Remove 3) Change		_			-
Add					
Remove				- TA	2024 .
4) Change				- LE	
Add				HASS O	-
Remove				- SEK,	- = 11 - w
5) Change					- 후
Add					_
Remove					_
6) Change					
Add					_
Remove					

The date of each amendment(s) adoption:	n/A	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	√/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this da of State's records.	ite will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
A The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(or approval.	(s)
	the shareholders through voting groups. The following stateming group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the an	nendment(s) was/were sufficient for approval	
by	."	
(1	voting group)	
Dated 06 24 30	4	
Signature	/,	
	esident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other cou	
	ary by that fiduciary)	_ m ~
his	Harriago Poccasio Fondi da	A JUL 10 P
AUS	Henrique lossen 20 Condio 10 (Typed or printed name of person signing)	AHA T
5	(1) speci of printed familisof person signing)	TARY OF AHASSE
_ Yre	sident	
	(Title of person signing)	TIST C
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