| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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FILED

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO           | RATION: SELINDA PHALL  | Y MOORE PA  |  |
|-------------------------|--|---|--|
| DOCUMENT NUMI           | BER: P24000040934  |   |  |
|                         | of Amendment and fee are sul                                 | bmitted for filing.   |  |
| Please return all corre | spondence concerning this mat                                | tter to the following:  |  |
|                         | SELINDA MOORE  |   |  |
|                         |  | Name of Contact Persor  |  |
|                         |  | Firm/ Company   |  |
|                         | 4124 CADENCE LOOP  |   |  |
|                         | -  | Address   |  |
|                         | LAND O LAKES - FLORID  | A 34638   |  |
|                         |  | City/ State and Zip Code  | 2  |
|                         | P24000040934   |   |  |
|                         | E-mail address: (to be us                                    | sed for future annual report                                      | notification)  |
| For further informatio  | n concerning this matter, pleas                              | se call:  |  |
| DAVID BYCK              |  | at (  | 350-9278   |
| Name                    | of Contact Person  | Area Coo  | de & Daytime Telephone Number  |
| Enclosed is a check fo  | or the following amount made                                 | payable to the Florida Depa                                       | artment 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) |
| Ame<br>Divi             | iling Address endment Section ision of Corporations Box 6327 | Amend<br>Divisio  | Address ment Section n of Corporations entre of Tallahassee                            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| SEL     | INDA | PHAI      | LV | MOORE        | $\mathbf{p}_{\Lambda}$ |
|---------|------|-----------|----|--------------|------------------------|
| O 1 71. |      | 1 1 1 1 1 |    | VICE HISTORY |                        |

| <sup>2</sup> 24000040934   | e Florida Dept. of State)                        |
|--|--|
|  |  |
| (Document Number of Corporation (  | if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:  | Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |  |
| SELINDA MOORE PA   | The new  |
| name must be distinguishable and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional chartered," "professional association," or the abbreviation "P.A." | 'incorporated" or the abbreviation "Corp.,"      |
| 3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )   | <del></del>                                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 2021   |
| 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   |  |
|  | <u> </u>   |
| (Florida street address)   |  |
| New Registered Office Address:   | , Florida  |
| (City)   | (Zip Code)                                       |

Check if applicable

<sup>☐</sup> 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                      | <u>PT</u>    | John Do                                      | <u>oe</u>            |                        |
|-------------------------------|--------------|--|----------------------|------------------------|
| X Remove                      | <u>V</u>     | Mike Jones                                   |                      |                        |
| X Add                         | <u>sv</u>    | Sally Sr                                     | nith_                |                        |
| Type of Action<br>(Check One) | <u>Title</u> |  | <u>Name</u>          | <u>Addres</u> s        |
| i) Change                     | AMBR         | <u>.                                    </u> | SELINDA PHALLY MOORE | 4124 CADENCE LOOP      |
| Add                           |              |  |                      | LAND O LAKES, FL 34638 |
| Remove 2) Change              | AMBR         |  | SELINDA MOORE        | 4124 CADENCE LOOP      |
| $\frac{X}{Add}$ Add           |              | <del>-</del>                                 |                      | LAND O LAKES, FL 34638 |
| Remove 3) Change              |              | _  |                      |                        |
| Add                           |              |  |                      | -                      |
| Remove                        |              |  |                      |                        |
| 4) Change                     |              | _  |                      |                        |
| Add                           |              |  |                      |                        |
| Remove                        |              |  |                      |                        |
| 5) Change                     |              | _  |                      |                        |
| Add                           |              |  |                      |                        |
| Remove                        |              |  |                      |                        |
| 6) Change                     | <del></del>  | _  |                      |                        |
| Add                           |              |  |                      |                        |
| Remove                        |              |  |                      |                        |

|  | (Be specific)  |
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| an amendment provides for an excr<br>provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  |  |
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|   | doption:   | , if other than the                 |
|---|--|-------------------------------------|
| date this document was signed.  |  |                                     |
| Effective date if applicable:   |  |                                     |
|   | (no more than 90 days after amendment file date)   |                                     |
| <b>Note:</b> If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, epartment of State's records.  | this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                                     |
| ■ The amendment(s) was/were add action was not required.                        | opted by the incorporators, or board of directors without sharehold  | der action and shareholder          |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were so              | opted by the shareholders. The number of votes cast for the amendficient for approval.   | idment(s)                           |
|   | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(  |                                     |
| "The number of votes cast   | for the amendment(s) was/were sufficient for approval  |                                     |
| by SELINDA MOORE  |  |                                     |
| 0,  | (voting group)   |                                     |
| 08/29/202-<br>Dated   | <b>,</b>   |                                     |
| Signature   |  |                                     |
| (By a d<br>selecte  | irector, president or other officer – if directors or officers have no<br>d, by an incorporator – if in the hands of a receiver, trustee, or off<br>ted fiduciary by that fiduciary) |                                     |
|   | SELINDA MOORE  |                                     |
|   | (Typed or printed name of person signing)  |                                     |
|   | PRESIDENT  |                                     |
|   | (Title of person signing)  |                                     |