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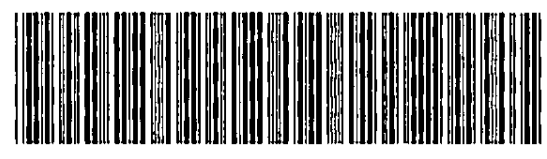
(Business Entity Name)

(Document Number)

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Amend  
N/C

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLEISHMAN & ASSOCIATES CPA FIRM INC

DOCUMENT NUMBER: P18000047724

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP S FLEISHMAN CPA  
Name of Contact Person

FLEISHMAN & ASSOCIATES CPA FIRM INC  
Firm/ Company

212 PRARIE DUNE WAY  
Address

ORLANDO, FL 32828  
City/ State and Zip Code

phil@facpafirm.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP S FLEISHMAN CPA at ( .407 ) 375-2723  
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
- \$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)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FLEISHMAN & ASSOCIATES CPA FIRM INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000047724

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FLEISHMAN & ASSOCIATES CPA FIRM P.A.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address **MUST BE A STREET ADDRESS**)*

1177 LOUISIANA AVENUE

SUITE 102

WINTER PARK, FL 32789

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

14276 LOVERS KEY LANE

ORLANDO, FL 32828

**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 PHILIP S FLEISHMAN CPA

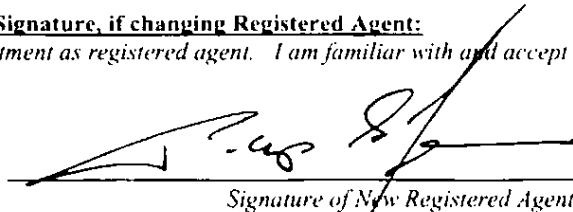
14276 LOVERS KEY LANE

*(Florida street address)*

New Registered Office Address: ORLANDO, Florida 32828  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**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:**

- X Change                      PT        John Doe
- X Remove                      V        Mike Jones
- X Add                            SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>X</u> Add		LINDA MANN	14276 LOVERS KEY LANE
<u>    </u> Remove			ORLANDO, FL 32828
2) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
3) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			
<u>    </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

THE ARTICLES OF INCORPORATION IS BEING AMENDED TO INSURE THE FIRM IS IN COMPLIANCE WITH SECTION 621.12 F.S. REGARDING THE NAME OF A CPA FIRM. MORE SPECIFICALLY, THIS SECTION REQUIRES CPA FIRMS TO BE A "PROFESSIONAL ASSOCIATION". OR "P.A.". THE AMENDMENT TO THE ARTICLES OF INCORPORATION BEING SUBMITTED DOES SPECIFICALLY THAT.

FLEISHMAN & ASSOCIATES IS ALSO CHANGING THE ADDRESS INFORMATION TO REFLECT THE CURRENT ADDRESSES AT WHICH FLEISHMAN & ASSOCIATES CPA FIRM MAY BE FOUND AND CORRESPONDENCE SENT TO.

FINALLY, THE AMENDED ARTICLES OF INCORPORATION CHANGES TO REGISTERED AGENT TO THE CPA IN CHARGE OF THE FIRM AND THE MAJORITY SHAREHOLDER.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

# FLEISHMAN & ASSOCIATES CPA FIRM PA

1177 LOUISIANA AVENUE  
UNIT 102  
WINTER PARK, FL 32789



## PURPOSE / SPECIFIC NATURE OF BUSINESS

Fleishman & Associates CPA Firm P.A. has been established to provide professional accounting services to taxpayers throughout the State of Florida.

Philip Fleishman is a Certified Public Accountant (CPA) licensed in the State of Florida and has 34 years of experience as a professional accountant.

Specifically, Fleishman & Associates CPA Firm P.A. will:

- Bookkeeping services
- Payroll processing
- Preparation of financial statements
- Audits
- Reviews
- Compilations
- Preparation of all income tax types
- Represent taxpayers before the Internal Revenue Service

A handwritten signature in black ink, appearing to be 'Philip Fleishman', written in a cursive style. The signature is slanted upwards from left to right.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

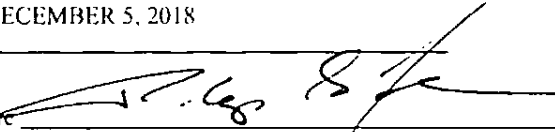
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated DECEMBER 5, 2018

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PHILIP S FLEISHMAN CPA

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)