## G16691

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ECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

E . .

NAME OF CORPO	DRATION: Benitez Accountin	g Services, Inc.		
DOCUMENT NUM	C16601			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Julio A. Benitez			
		Name of Contact Persor	1	
	Benitez Accounting Services	. Inc.		
		Firm/ Company		
	217 Arlington Downs Blvd.	, ,		
		Address		
	Matthews, NC 28104			
	-	City/ State and Zip Code	e	
		•		
	benitez1@benitezaccounting			
	E-mail address: (to be us	sed for future annual report	notification)	
<b>7</b>				
For further informat.	ion concerning this matter, pleas	se call:		
Julio M. Benitez		989 at (	763-6070	
Nami	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
Amendment Section Division of Corporations			lment Section	
	O. Box 6327	Division of Corporations The Centre of Tallahassee		
Ta	llahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

BENITEZ ACCOUNTING SERVICES, INC. 2022 JAN 24 AM 11: 28 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE G16691 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida 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

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)

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change	D		Julio M. Benitez	529 Gratiot Ave.
X Add				Alma, MI 48801
Remove				
2) Change	D	_	Mario Benitez	P.O. Box 163
X Add				East Ellijay, GA 30536
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
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(f an amendment musicles for an auch	hanner analysis (Constitution of the Constitution of the Constitut
nrovisions 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)	adment if the entrained in the untertained riser.

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The date of a	each amendment(c) or	date of signing	
	iment was signed.	ορτισπ.	If other than
Effective dat	te <u>if applicable</u> :		
		(no more than 90 days afte	er amendment file date)
		ock does not meet the applicable statu partment of State's records.	ntory filing requirements, this date will not be listed as
Adoption of	Amendment(s)	( <u>CHECK ONE</u> )	
	dment(s) was/were ado s not required.	oted by the incorporators, or board of d	lirectors without shareholder action and shareholder
	dment(s) was/were ado areholders was/were su	oted by the shareholders. The number of ficient for approval.	of votes east for the amendment(s)
		oved by the shareholders through voting ach voting group entitled to vote separ	
"The	e number of votes cast	or the amendment(s) was/were sufficient	ent for approval
by _		(voting group)	<b>,"</b>
		(voting group)	<del></del>
	Dated	1/7/2022	1
		ector, president or other officer – if dire by an incorporator – if in the hands of	
		d fiduciary by that fiduciary)	
		JULIO A BEA	JI TE Z
		(Typed or printed name of pe	erson signing)
		PRESIDEN	T
	•	(Title of person signing)	