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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Santini & Sedawie CPA's PA DOCUMENT NUMBER: 170119 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Paul Sedawie Name of Contact Person Santini & Sedawie, PA Firm/ Company 4179 Davie Road, Suite 200 Address Davie, FL City/ State and Zip Code paul@santinisedawie.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 474-9000 Area Code & Daytime Telephone Number Paul Sedawie Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filling Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Talfahassee, Ft. 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Santini & Sedawie CPA's PA

2021 FEB 11 PM 2: 29

Santini & Sedawie CPAS PA	
(Name of Corporation as current	ly filed with the Floridas Dept. of State)
J70119	TALLAHASSEE EL
	of Corporation (if known)
(Document Number o	a Corporation (ii known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Santini & Sedawie, PA	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
Thereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
•	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	ue) ES
in the amenometars) is are being theo pursuant to 8, 607,0120 (11)	No feet out

address of each Officer a tAttach additional sheets, Please note the officeredir P President: V Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D if necess vector titl President Chief Fi ector wol in the for ves the co	Director being added: sary) le by the first letter of the office title: t; T = Treasurer; S = Secretary; D = Dir inancial Officer. If an officeralirector h uld be PTD. llowing manner. Currently John Doe i. orporation, Sally Smith is named the V	f each officer/director being removed and invector: TR = Trustee: C = Chairman or Clericolds more than one title, list the first letter of a slisted as the PST and Mike Jones is listed as Land S. These should be noted as John Doe, I	k; CEO – Chief each office held. the V. There is
X Change	<u>PT</u>	John Doe		
X Remove	<u>V'</u>	Mike Jones		
<u>X</u> Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Address</u>	
1) Change				<u> </u>
Add				<u> </u>
Remove				
2) Change				1
Add				<u> </u>
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

the same of the first of the same in	<u>lditional Articles, enter chan</u>	ge(s) here:		1
(Anach adamonal success, p	f necessary). Be specific)			
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<u> </u>				
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				1
. If an amendment provide	es for an exchange, reclassifi	cation, or cancellation	of issued shares,	l l
<u>provisions for implemen</u>	<u>nting the amendment if not c</u>	ontained in the amendi	ment itself:	
(if not applicable, inc	ncaie Ma)			
				l

		1
The date of each amendment(s) add date this document was signed.	option:	if other than the
Effective date if applicable:		<u> </u>
	ino more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ack does not meet the applicable statutory filing requirements, this date will no artment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder action act	ureholder
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
☐ The amendment(s) was/were appromise be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voling group)	
02/06/2021 Dated		
(By a din selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
ľ	ant Sedawie	
-	(Typed or printed name of person signing)	
F	President	
-	(Title of person signing)	