K61843

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C. BRUMBLEY

JAN - 5 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DAVID M. WADDELL CPA PA

DOCUMENT NUMBER: K61843

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

Please return all correspondence concerning this matter to the following:

DAVID M. WADDELL
Name of Contact Person

DAVID M. WADDELL CONSULTING, INC.
Firm/ Company

14721 SW 148 AVE.
Address

MIAMI, FL 32196
City, State and Zip Code

DAVIDWADDELL9@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID WADDELL at 305 253-2144 / 305 525-9846
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

DAVID M. WADDELL CPA, PA.

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

K 61343

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:

DAVID M. WADDELL CONSULTING, INC. *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)

SAME
14721 SW 143 AVE.
MIAMI, FL 33196

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

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A *(City)*, Florida *(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.

N/A
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to [illegible] F.S.

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If amend[illegible] the [illegible] or Directors, [illegible] the title and name of each officer/director being removed and title, name, and address of [illegible] or Director being [illegible].
(Attach a[illegible] necessary)
Please no[illegible] title by the first letter [illegible] office [illegible].
P = Pres[illegible] dent; T= Treasurer S[illegible] Trustee; C = Chairman or Clerk; CEO = Chief Executive [illegible] of Financial O[illegible] one title, list the first letter of each office held. President [illegible] would be PT.
Changes [illegible] following [illegible] PST and Mike Jones is listed as the V. There is a change [illegible] the corporation. Sally Smith [illegible] should be noted as John Doe, PT as a Change. Mike Jon[illegible] Sally Smith, [illegible]

Example.

X Chang[illegible] — John Doe

X Remo[illegible] — Mike J[illegible]

X Add — Sally Smith

Type of [illegible] (Check O[illegible])	Title	Name	Address
1) ____ Change	____	NA	____
____ Add			____
____ Remove			____
2) ____ Change	____	____	____
____ [illegible]			____
____ [illegible]move			____
3) ____ Change	____	____	____
____ Add			____
____ Remove			____
4) ____ C[illegible]	____	____	____
____ [illegible]			____
____ [illegible]			____
5) ____ [illegible]	____	____	____
____			____
____			____
6) ____	____	____	____
____			____
____			____

E. If am[illegible] [illegible] [illegible]ditional Arti[illegible] [illegible]
(Attac[illegible] [illegible] necessary) [illegible]

N/A

F. If an [illegible]ndment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
([illegible] applicable, indicate N/A)

N/A

The date [illegible] adoption: ______________________________, if other than the date this [illegible]

Effective [illegible] ______ 12/31/21 ______________________
[illegible] file date)

Note: [illegible] requirements, this date will not be listed as the document [illegible] Department's [illegible]

Adoption [illegible] (CHECK ONE)

☐ The [illegible] adopted by [illegible] incorporators [illegible] board of directors [illegible] without shareholder action and shareholder action [illegible]

☑ The amendment [illegible] adopted by the shareholders. The number of votes cast for the amendment(s) by the [illegible] sufficient for [illegible]

☐ The amendment(s) was [illegible] approved by the shareholders through voting groups. *The following statement must be [illegible] for each voting group entitled to vote separately on the amendment(s):*

[illegible] cast for the amendment(s) was/were sufficient for approval

by ______________________________.
(voting group)

Dated 12/9/21

Signature David M. Waddell, President
(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)

DAVID M. WADDELL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)