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COVER LETTER

TO: Amendment Section
Division of Corporations

: AMERICAN WOMA	N'S SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS OF SOU
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filling.
Please return all correspondence concerning this matter	to the following:
IVY LYNN DEFINO	
	Name of Contact Person)
IVY LYNN DEFINO, CPA, PA	l l
	(Firm/ Company)
300 S PINE ISLAND RD, STE 105	
	(Address)
PLANTATION, FL 33324	
(City/ State and Zip Code)
IDEFINO@IVYDEFINOCPA.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please c	all:
IVY LYNN DEFINO	954 683 ⁱ 2647
(Name of Contact Person)	
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
S35 Filing Fee	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

AMERICAN WOMAN'S SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS OF SOUTH FLORIDA. INC. (Name of Corporation as currently filed with the Florida Dept! of State) N03452 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SOUTH FLORIDA WOMEN CPA'S, INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 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: (City) (Zip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

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

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

address of each Offic (Attach àdditional she Please note the office P = President; V= Vi Executive Officer; CF held. President, Treas	cer and/or Director eets, if necessary) r/director title by to ce President: T= To FO = Chief Finance surer, Director wo	or being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; tial Officer. If an officer/director holds uld be PTD.	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office
	leaves the corpor	ation, Sally Smith is named the V and S	d as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: XChange X Remove X Add	<u>PT</u> <u>Joh</u> <u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	IVY LYNN DEFINO	l 300 S PINE ISLAND RD
X Add			STE 105
Remove			PLANTATION, FL 33324
2) Change	OTHER	MARCIE D BOUR	3475 SHERIDAN ST
Add			SUITE 303
X Remove			HOLLYWOOD, FL 33021
3) Change	þ	LYNN BRITT	5850 HIATUS ROAD
Add	-		SUITE G
X Remove			FT LAUDERDALE, FL 33321
4) Change	VP	ELISSA R KURLAND	2699 STIRLING RD
Add			STE B-205
X Remove			HOLLYWOOD. FL 33312
5) Change	S	CLAIRISSA BURNS	1450 BRICKELL AVENUE
X Add			18TH FLOOR
Remove			MIAMI, FL 33131
6) Change			
Add			-

Page 2 of 4

____ Remove

E. If amending or adding additional Articles, enter change(s) here: -(attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary). (Be specific)				
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The	date of each amenda	ient(s) adoption:	, if other than the
	this document was sig		
	· · · · · · · · · · · · · · · · · · ·	NOVEMBER 1, 2017	
Effe	ctive date <u>if applicab</u>	(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, the on the Department of State's records.	is date will not be listed as the
Ada	ption of Amendment	(s) (<u>CHECK ONE</u>)	
	The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the ame or approval.	ndment(s)
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) w of directors.	as/were
	O Dated	CTOBER 2, 2017	
	Signature	INY LYNN DEFINO	
	ha	the chairman or vice chairman of the board, president or other officer-if- ve not been selected, by an incorporator – if in the hands of a receiver, tru- her court appointed fiduciary by that fiduciary)	
		IVY LYNN DEFINO	
		(Typed or printed name of person signing)	 -
		PRESIDENT	
		(Title of person signing)	