P00000033064

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: G. Goodwin & As	sociates, Inc.	
DOCUMENT NUMB	ER: P00000033064		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Gary Goodwin		
		Name of Contact Person	<u> </u>
	G. Goodwin & Associates, Ir	າຕ	
	·	Firm/ Company	
	600 Bypass Drive Ste 108	r trav Company	
		Address	
	Clearwater, FL 33764-5030	,,,,	
		City/ State and Zip Cod	e
		,	
lois@	mecarthyaccounting.us		
	E-mail address: (to be u	sed for future annual report	notification)
		. 11	
For further information	concerning this matter, pleas	se can:	
Gary Goodwin		727	643-9648
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep:	ortment 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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amene Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as curren	tly filed with the Florida I	Dept, of State)	
G. Goodwin & Associates, Inc.	000000 33064			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendm	nent(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The _ne	15'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	ation "Corp." "Inc," or	"Co". A professional corp	orporated" or the abbreviation poration name must contain the	on ie
word "chartered." "professional association," or the abbreviation B. Enter new principal office address, if applicable:		N/A	2019 SECO	cate-1
(Principal office address MUST BE A S	TREET ADDRESS)		FE A	
			30 P	r
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	20년 등 연설 등	O
(muting data ess <u>mester bis es regir</u> s	<i>y,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		38	
D. If amending the registered agent an			name of the	
new registered agent and/or the new		<u>88:</u>		
Name of New Registered Agent	N/A			
	(Florida s	street address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hunging Registered Age	nt:		
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obliga	tions of the position	
	Signature of New	Registered Agent, if changi	ing —	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	1.ouis Jones	1639 Windsor Drive
Add			Clearwater, FL, 33755
X Remove			
2) Change	V	Kayla Farrell	486 48th Avenue North
X Add			St. Petersburg, FL. 33703
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	, , , , , , , , , , , , , , , , , , ,
	
<u> </u>	·
IS If an amount of a second of the second of	was realized function on annual lation of insued charge
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:, if other than the
date this document was signed.	
	5/1/2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(1.5 11.0.2) 11.0.1) 1.0.1 1.
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	. .
, <u> </u>	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
5/1/201 Dated	9
Signature	May T Mood
seh	a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Gary Goodwin
	(Typed or printed name of person signing)
	President
	(Title of person signing)