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SECRENGEY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MIKSCh & Company OPA PA P00000056726 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diane Miksch Name of Contact Person MIKSCh & Company COL PA 249 43rd Ave
Address 5+Pete Beach, Fz 33706
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane Miksch at (727) 864-9050

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 & ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to:

Articles of Incorporation

of

FILED

POOODO56726 SECRETARY OF STATE (Document Number of Corporation (if known) LLAHASSEE, FI 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: Diane Miksch CPA PA 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) 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: _ 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

[☐] 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

renaen auamonin snevis, y necessary).	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	(be specific)				
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,				
provisions for implementing the ame	endment if not contained in the amendment itself:				
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:				
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The date of each amendment(s) ac	option:	, if other than the
date this document was signed.	^	
Effective date if applicable:	Horil 27, 2022	
Ellective date in approximate.	(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this b document's effective date on the Do	ock does not meet the applicable statutory fil partment of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors	s without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	s east for the amendment(s)
	roved by the shareholders through voting groue each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for a	approvał
bv		
, ,	(voting group)	
selecte	Dine Niksch irector, president or other officer – if directors d, by an incorporator – if in the hands of a rece ted fiduciary by that fiduciary)	
	Diane Miksch	
	(Typed or printed name of person s	signing)
	President	
	(Title of person signing)	