P 00000077214

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2025 12 PH 5: 46

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Transmonds & Ass	ociates, CFA, F.A.			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	William Hammonds				
•	Name of Contact Person				
-	Firm/ Company				
	PO Box 27278				
-	Address				
	Denver, CO 80227				
-	,	City/ State and Zip Cod	2		
	Clients@hammondscpa.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
William Hammonds		at (de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Hammonds & Associates, CPA, P.A.

2025 JTH 12 FZ 5: 46

Transmonds & Associates, CFA, F.A.	1070 C - 17 PL
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P00000077214	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corpo	oration:
Hammonds CPA, P.A.	The ner
	oration," "company," or "incorporated" or the abbreviation "Corp., r "Co". A professional corporation name must contain the word tion "P.A."
D. Unternamental office address if a collection	NA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
(maning address SHIP DE A POST OF FICE BOX)	
D 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office. 	
N'A	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ered Agent:
I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	as of Nam Daviet and America if above in-
Mgnature	e 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)

Example:

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.

X Change	<u> 6.1.</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	-	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
A	
 	
-	
	
If an amount and a social and a	Ciarrad about
If an amendment provides for an exchange, reclassification, or cancellation or provisions for implementing the amendment if not contained in the amendment.	ent itself:
(if not applicable, indicate N/A)	
	
	- "

	6/1/2025	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	6/1/2025	
ratective date i <u>r applicable</u> :	(no more than 90 days after amendment	file date)
	his block does not meet the applicable statutory filing reque Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	e adopted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of votes east for each for approval.	or the amendment(s)
	e approved by the shareholders through voting groups. The d for each voting group entitled to vote separately on the a	
"The number of votes	cast for the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	
Dated Signature		
(B	y a director, president or other officer – if directors or office lected, by an incorporator – if in the hands of a receiver, trupointed fiduciary by that fiduciary)	
	William Hammonds	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	