November 7, 2000

Law Office of MICHELLE C. FRIGOLA

A Professional Association

Michelle C. Frigola

Of Counsel Alfred K. Frigola FEDERAL EXPRESS TRACKING NO.: 811185712622

Secretary of State Corporate Records Bureau Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Articles of Amendment of AA Accounting Solutions, Inc.

File No.: 00-147

Dear Sir or Madam:

000003457450---11/08/00--01064--016 *****35.00 *****35.00

Please find enclosed an original and one (1) copy of the Articles of Amendment for the above-referenced corporation. Also find enclosed Michelle C. Frigola, P.A., Escrow Account check number 1821 in the amount of Thirty-Five Dollars (\$35.00) representing your costs for filing the Amendment. Please return the Article of Amendment to our office in the Federal Express Envelope with pre-addressed Airbill enclosed for your convenience.

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Michelle C. Erigola

MCF/pdl Encls. (w/Check No. 1821) cc: AA Accounting Solutions, Inc.

Lighthouse Point Professional Center 5340 North Federal Highway Suite 104 Lighthouse Point, Florida 33064

> (954) 360-0907 FAX (954) 360-0908

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ARTICLES OF AMENDMENT OF AA ACCOUNTING SOLUTIONS, INC.

OONOV FILED
TALLAHASSEE, FISTATIO

The undersigned subscriber to these Articles of Amendment, natural person, competing to contract, hereby amends the Articles of Incorporation filed on October 20, 2000, and assigned document number P00000099254.

AMENDMENT TO ARTICLE II

The post office address of this principal office of this Corporation, in the State of Florida, is:

5340 N. Federal Highway, Suite 104 Lighthouse Point, Florida 33064

The date of adoption of this Amendment was October 31, 2000, and the Amendment was done by the Board of Directors with shareholder action and shareholder action was required.

IN WITNESS WHEREOF, I have hereunto subscribed my name on this 6 day of November, 2000.

Printed Name

ANN ATKINS, Director/President

Witness

Printed Name

Paula D. Lirette

Witness

STATE OF FLORIDA) COUNTY OF BROWARD)

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ANN ATKINS, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same. (check one:) _____ Said person(s) is/are personally known to me. _____ Said person provided the following type of identification: ______

Witness my hand and official seal in the County and State last aforesaid this 6th day of 1001, 2000.

Notary Signature

Paula D. Lirette

Printed Name

My Commission Expires:

