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SECRATARY OF STATE

_Roberts NOV 0191200

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORP	ORATION: _	SARDINAS	S & VALENCIA AC	COUNT	TANTS, P.A.
DOCUMENT NU	MBER:	P02000080668			
The enclosed Artic	les of Amendm	ent and fee are	submitted for filing.		
Please return all co	rrespondence c	oncerning this n	natter to the following:		
		LILL	IAN SARDINAS		
•	·		e of Contact Person		
	SAR	DINAS & VAL	ENCIA ACCOUNTAN	NTS, P.A.	
-		1	Firm/ Company		
		7171 CC	RAL WAY STE 402		
- -			Address		
-			AMI, FL 33155		, <u></u>
		City/	State and Zip Code		
	E-mail add	lillysard fress: (to be used fo	di@aol.com or future annual report notifi	ication)	
For further informa	•	•			
	LIAN SARDIN of Contact Person		at (305) Area Code & Day	262	
			e payable to the Florida	•	
☑ \$35 Filing Fee	\$43.75 Filli Certificate		\$43.75 Filing Fee & Certified Copy (Additional copy is en		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of			Street Address Amendment Section Division of Corporat		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

of y	our ILED
SARDINAS & VALENCIA ACCOUNTANTS, P.A. SE	TO B PM
(Name of Corporation as currently filed with the Florida Dept. of State)	AHASTY OF
P02000080668	- SEE, PLOSIE
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

SARDINAS & ASSO	CIATES ACCOUNTANT	TS, P.A. The
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	the word "corporation," e designation "Corp," "Inc,	"company," or "incorporated" or " or "Co". A professional corpora
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
		Florida, enter the name of the
-		
<u>Name of New Registered Agent</u> :	istered office address: (Florida street ad	ddress), Florida
<u>Name of New Registered Agent:</u>	istered office address:	ldress)

Page 1 of 3

removed as	g the Officers and/or Directors, en nd title, name, and address of each		
	litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VPDT	ARLEX VALENCIA	7171 CORAL WAY SUITE 402 MIAMI, FL 33155	🗹 Remove
			
	nendment provides for an exchang ons for implementing the amendme		
	not applicable, indicate N/A)	one in the contained in the amenda	1000011

The date of each amendmen	t(s) adoption: OCTOBER 27,2010
Effective date <u>if applicable</u> :	OCTOBER 27,2010 (date of adoption is required)
in applicable	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_OC	TOBER 27,2010
Signature _	Cillian Sardins
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LILLIAN SARDINAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)