P04000169444

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
	_	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



500281063215

01/19/16--01020--017 **43.75

SCORE MAY OF STATE OF

JAN 20 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: DEAVERS TAX 8	ACCOUNTING PROFES	SSIONALS INC
DOCUMENT NUMBE			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	HERYL L. DEAVERS		
_		Name of Contact Person	1
C	LD CPA INC		
_		Firm/ Company	
3	920 VIA DEL REY SUITE	3	
_		Address	_
В	ONITA SPRINGS, FL 341	34	
_		City/ State and Zip Code	2
cheryl@	deaverstax.com		
		sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
CHERYL L. DEAVER	S	at (²³⁹	992-1973
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

of



DEAVERS TAX & ACCOUTNING PROFESSIONALS INC

04000169444	rently filed with the Florida Dept. of State AN 19 AM 9: 43
04000169444	
(Danier - 1 XI1	
(Document Numb	ber of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation LD CPA INC.	<u>n:</u>
me must be distinguishable and contain the word "corpo	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent	
(гіоги	ida street address)
	P1 11.
New Registered Office Address:	, Florida

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				<u> </u>
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amandment nyavidas fau an avai	shange realessification or cancellation of issued charge
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
01/15/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	**************************************
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	<u> </u>
"The number of votes cast for the amendment(s) was/were sufficient for approval	16 JAN 19
by	6 8 6 6
by" (voting group)	19
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older 9.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/15/2014	
Signature Cherry Weavers	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary by that fiduciary)	:ourt
_ CHERUL L DEAVERS	
(Typed or printed name of person signing)	
PRECINEAT	
(Title of person signing)	