# P.050000 48592

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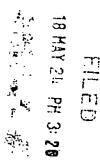


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Mend



# **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Allison R. Williams, CPA P.A.
DOCUMENT NUMBER: P050000 48592
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allison Williams Name of Contact Person
Bookkeeping Solutions of Clernat, Pric.
1105 Spruce Ridge Ct. Address
Address  Address  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allison Williams  Name of Contact Person  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy (Addi

# Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

# Articles of Amendment to Articles of Incorporation

(Name of Corporation as curren		of State)
905000048592	· · · · · · · · · · · · · · · · · · ·	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> ad	opts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
Bookkeepins Solutions of	Clermont, Inc.	, The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_N/A	7.4 <del>00</del>
		T
	·	4. 01
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
	7	بن <b>م</b>
D. M	duaga in Elauida, anton the nam	o of the
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		te of the
Name of New Registered Agent N/A		
•		
(Florida s	street address)	
New Registered Office Address: N/A		Florida
,	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations	of the position.
N/A		
Signature of New	Registered Agent, if changing	<del></del>

# 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	PT Joh	nn Doe	ا ۱ ر	<sup>1</sup> A .
X Remove	<u>V</u> <u>Mi</u>	ke Jones	Ν/	H
X Add	<u>SV</u> Şal	lly Smith	•	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change			<del></del>	
Add		110		
Remove		N/A		
2) Change				
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an amendment pi	rovides for an exchan lementing the amendi	ge, reclassification	or cancellation	of issued shares,	
	ole, indicate N/A)	ment is not contain	<u>cu in the amene</u>	men usen.	
VA					
1'					
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				<del> </del>	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	5-21-18	
	(5-2)-18 (no more than 90 days after amendment file date)	)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendment	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sharel	holder
Dated	-21-18 hm: Wim	
Signature	hui Win	
(By a d selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or of ed fiduciary by that fiduciary)	
	Allison Williams (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President/Ouner (Title of person signing)	
	(Title of person signing)	