P0500015665

<u>4 </u>	(Requestor's Name)		
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	(Address)		
	(City/State/Zip/Phone #)	,	
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	(Business Entity Name)		
(Document Number)			
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: The Lang Acrounting Group DOCUMENT NUMBER: P05000186615				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Christine Lithinger Name of Contact Person The Lang Ananyothus Grove				
Firm/ Company) 2431 Along Are #217				
Winty Park F7 32782				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christine Kattings at 467, 657-5440				
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:				
\$\text{\$\subseteq}\$				
Mailing AddressStreet AddressAmendment SectionAmendment Section				

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to.

Articles of Incorporation				
The Lac	as Accounting Group Tac.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
DAGARAGE				
<u> </u>	0666			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	2431 Along Ave			
(Principal office address MUST BE A STREET ADDRESS)	S O AIVING THE			
	Svite 217			
	Winter Park, F232792			
C. Enter new mailing address, if applicable:	7/10 1 1 1 1 1 1 1 1			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2431 Aloma AVR			
	Suite 217			
	Winter Park, PR32792			
	Winter Park, MISAME			
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the			
new registered agent and/or the new registered office address				
1/h	5 32			
Name of New Registered Agent / / / /				
,	eet address)			
(Florida str	eet address)			
New Registered Office Address:	Florida F			
. Tren negative a control ratio cos.	(City) (Zip Code)			
	.			
	on 'y			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
n. (2) b				
Signature of New Registered Agent, if changing				

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 John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1)Change	T Muria Palmer	1401 Blumberg Blue # 200 Winter Springo, FL 3778
Add		# 200
Remove		Winter Springs, FL 3778
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 Arti- (Attach additional sheets, if necessary).	(Be specific)
01/0	
/	
	•
-	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij) for applicable, material N/A)	
1UP	
	<u> </u>
	and the second s

The date of each amendment(s) adoption:		FILESif other than the
date this document was signed.		SECHLIARY OF STATE DIVIDLY OF STAP AND THE
Effective date if applicable:	January 2, 2016	
	(no more than 90 days after amendment file da	1e) 16 JAN 14 AM 8: 45
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requireme of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the arter approval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendm	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
((voting group)	
☐ The amendment(s) was/were adopted by taction was not required.	he board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder	reholder
Dated	MAL	
Signature	1 MANUTED	
	resident of other officer - if directors or officers hav	
selected, by an i	ncorporator – if in the hands of a receiver, frustee, of a receiver and a receiver and a receiver and a receiver and a receiver a receiver and a receiver a receiver and a receiver a receiver a receiver a receiver a receiver a receiver and a receiver a rec	r other court
аррописа паас	Chief Lili	,
	CMristine ominger	<u> </u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	