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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE DAVID RUL	Z COMPANIES, INC.	. ,
	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVID J. RUIZ		
-		Name of Contact Person	n
-	. .	Firm/ Company	
	3255 NW 94 AVENUE, # 98	388	
-		Address	
	POMPANO BEACH, FL 330	075	
-		City/ State and Zip Cod	e
druiz@	fiorellopartners.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAVID J. RUIZ		at (at Co	969-1803
Name o	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Arteles of Amendment to Articles of Incorporation

THE DAVID RUIZ COMPANIES, INC.

Ş

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000083262

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the co	rporation:	
DAVID J. RUIZ, CPA, P.A.		The
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., vord "chartered," "professional association," or the c	" "Inc," or "Co". A profession	or "incorporated" or the abbrevic
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	
D. If amending the registered agent and/or registered	ed office address in Florida, ent	ter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi	stered Agent:	
hereby accept the appointment as registered agent. I	am familiar with and accept the	obligations of the position.
		85
	tura of Nove Pagietaval Again if	

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>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	•			
Add				
Remove				
2) Change	 			
Add				4
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	******			-d-d
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADD:
THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS: TO ENGAGE IN THE PRACTICE OF
CERTIFIED PUBLIC ACCOUNTING, CONSULTING, ADVISORY AND THE RENDERING OF PROFESSIONAL
SERVICES IN CONNECTION THEREWITH.
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adop	12/15/2015 tion:	, if other than the
date this document was signed	015	
meetive date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this diment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment ient for approval.	(s)
	ed by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
12/01/2015 Dated		
Signature		
(By a direct selected, by	tor, president or other officer — if directors or officers have not been y an incorporator — if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	
DA	AVID J. RUIZ	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	