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## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: ACCURATE	E Profesional Services, 7				
DOCUMENT NUMBER: 10700	108 82+				
The enclosed Articles of Amendment and fee are submitted	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
- Andy N	LJussant Person				
2	Firm/ Company				
97575y) ic	f7 Perrace				
Pembole Pines FC- 33027					
10000	ty/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please cal	l:				
Handy Conisson	at ( 305 ) 200 4497  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
1	to the Florida Department of State.				
Certificate of Status (	S43.75 Filing Fee & \$\Bigcup \text{S52.50 Filing Fee}\$  Certified Copy				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment

to

Articles of Incorpora	tion
Accurate & Instersional "Se	rices, The
(Name of Gorporation as currently filed	with the Florida Dept. of State)
<u> PA7000 108 527</u>	
(Document Number of Corpo	ration (If Known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	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." "co". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany," or "incorporated" or the abbreviation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	987 SW. 147 Terr emboke fines FC33027
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Corida, enter the name of the
Name of New Registered Agent	
Po Porta Dia	7 220 Em
New Registered Office Address: (City)  New Registered Agent's Signature, if changing Registered Agent:	. Florida
I hereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
	·
Signature of New Register.	rd 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	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes		
<u>X</u> Add	<u>SV</u>	Sally Sn	<u> iith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_		-	
Add				-	
Remove					
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)
	·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tho more than 90 days after antendment	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approva	1
by	 -
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	tion and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and shareholder
Dated 10/02/19	
Signature	
(By a director, president or other officer - if directors or officer	
selected, by an incorporator – if in the hands of a receiver, tro appointed fiduciary by that fiduciary)	ustee, or other court
$\int \int \int dx dx dx$	_
(Typed or printed name of person signing)	<del></del>
0.0150 - 000	
UWNER-CEU	
(Title of person signing)	