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F. Build

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

Division of Corporations NAME OF CORPORATION: Graci Tax & Accounting, Inc. DOCUMENT NUMBER: p09000053061 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katherine Graci Name of Contact Person Graci Tax & Accounting Firm/ Company 3430 Kori Road, Suite 1 Address Jacksonville, FL 32257 City/ State and Zip Code Katherine @gracitax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katherine Graci at (904) 262-8383

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

17 OCT 19 AHII: 44

Graci Tax & Accounting, Inc.	SECRETARY OF STATE
(Name of Corporation	as currently filed with the Pforida Dept. of State)
P09000053061	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	oration:
Graci Tax & Accounting, PA	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
P. Francisco office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	nec aggress.
	(Florida street address)
New Registered Office Address:	(City) , Florida (Lip Code)
New Registered Agent's Signature, if changing Regist	
i nereny accept the appointment as registered agent. To	um familiar with and accept the obligations of the position.
Signati	ure 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 Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sm	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		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						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE III
THE BURDOCE FOR WHICH THE CORROD ATION IS OBCANIZED IS.
THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS:
TO PACE ACE IN THE BUA CEROE OF BUILDING ACCOUNTING
TO ENGAGE IN THE PRACTICE OF PUBLIC ACCOUNTING
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)
N/A

October 13, 2017		
The date of each amendment(s) date this document was signed.	adoption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/13/17		
DatedSignature	Lallin AGrasi	
(By a select	director, president of other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Katherine Graci	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the

the