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COVER LETTER

NAME OF CORPORATION: Gerald K. Holstein, PA DOCUMENT NUMBER: P10000033252		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gerald K. Holstein, PA		
Name of Contact Person		
Gerald K. Holstein, PA		
Firm/ Company		
8320 W. Sunrise Blvd., Suite 203		
Address		
Plantation, FL 33322-5432		
City/ State and Zip Code		
gerry@gkhcpa.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Gerald Holstein		

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

535 Filing Fee

Name of Contact Person

TO: Amendment Section Division of Corporations

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

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

Area Code & Daytime Telephone Number

□\$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Gerald K. Holstein, PA	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statute	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation; Holstein Consulting, PA	71
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co" or the designation "Corp." "Inc," ar "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
Signature of New Registered Ag	ent, 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. fhere 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.

X Change	PT <u>Jo</u> hn	Doe	
X Remove	<u>V</u> <u>Mik</u> s	e Jones	
X Add	<u>SV</u> Sally	/ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S,D	George M. Holstein	2513 NW 53rd Street
Add			Tamarac, FL 33309
X Remove			***
2) Change	S	Nancy Holstein	207 NW 100 Avenue
X Add			Plantation, FL 33324
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

f 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)	d shares.	g or adding additional Article itional sheets, if necessary).	Be specific)		
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provisions for implementing the amendment if not contained in the amendment itself:	d shares.				
		is for implementing the amen-	nge, reclassification Iment if not contain	or cancellation of issued in the amendment in	ed shares. self:
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					<u>,</u>

The date of each amendment(s) a	doption: 08/03/2012
Effective date if applicable: 08	3/03/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated 08/03	3/2012
Signature	Soull
selecte	airector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Gerald K. Holstein, PA
	(Typed or printed name of person signing)
	President
	(Title of person signing)