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SECRETARY OF S

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARLEX VALENC	IA ACCOUNTANT, P.A.		
DOCUMENT NUMB		11.17		
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
		ARLEX VALENCIA		
-	Name of Contact Person			
	VAL	ENCIA ACCOUNTANT F	P.A.	
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	5538 FOREST HILL BLVD			
.	Address WEST PALM BEACH FL 33415			
-		City/ State and Zip Code	2	
	a	rlex@avaccountant.com		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ARLEX VALENCIA		at (³⁰⁵	de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327 Indianate FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ARLEX VALENCIA ACCOUNTANT, P.A.

2022 JAN 12 AM 10: 56

(Maint of Colposation as tarren	ly filed with the Florid	a Dept. of State)
	087370	FALL AHAGSEE, FULL
(Document Number	of Corporation (if knowr	1)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	, Florida Profit Corpora	tion adopts the following amendment
If amending name, enter the new name of the corporation:		
VALENCIA ACCOUNTANT P.A.		Thenew
me must be distinguishable and contain the word "corporation," nc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corpora	rated" or the abbreviation "Corp.," tition name must contain the word
Enter new principal office address, if applicable:	5538 FOREST HIL	L BLVD
Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PALM BEA	CH FL 33415
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5538 FOREST HIL	I. BLVD
(Manning and the second	WEST PALM BEA	CH FL 33415
	ducce in Florida, antar t	the name of the
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
Name of New Registered Agent		
Name of New Registered Agent	<u>ss:</u>	, Florida

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
I) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				, ,
4) Change				
Add				<u>u-irre</u>
Remove				
5) Change			*******	
Add				
Remove				
6) Change		_	WATER-19-79-4-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Add				
Remove				

·- ;	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
(Attach daditional sneets, if necessary). (be specific)
	
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_	
_	
۴.	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)
_	

	, if other the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be listed tof State's records.
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the	mendment(s) was/were sufficient for approval
by	(voting group)
J 1	voting group)
01/0	12022
DatedSignature	ax valua
(By a director, selected, by an	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	VALENCIA
	(Typed or printed name of person signing)
PRESI	DENT
	(Title of person signing)

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