P110000070310

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WIDGET BOOKK	EEPING AND TAX, P.A.	
DOCUMENT NUM	P11000070310		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CHARLES D SHAPERO		
		Name of Contact Persor	l
	WIDGET BOOKKEEPING	AND TAX, P.A.	
		Firm/ Company	
	10137 SONGBIRD LANE		
		Address	
	KNOXVILLE, TN 37931-31	03	
		City/ State and Zip Code	
	CHARLES@WIDGETCPA.	СОМ	
	-	sed for future annual report	notification)
For further informatic CHARLES D SHAP	on concerning this matter, pleas		902-4664
Name	of Contact Person	at (Area Co) 902-4664 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Divisie The Co	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WIDGET BOOKKEEPING AND TAX, P.A.		1	23
(Name of Corporation as currently	filed with the Florida Dept. of St	ate)	AUG
P11000070310		<u> </u>	<u> </u>
(Document Number of	Corporation (if known)	1 -	<u>2</u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this F is Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts th	ne follasying	amendment(
A. If amending name, enter the new name of the corporation:		夏用	22
WIDGET TAX, P.A.			The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		abbreviation	"Corp.,"
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		•	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of t	<u>he</u>	
Name of New Registered Agent			
•			
tFlorida stree	et address)		
New Registerea Office Address:	, Florid	da	
	City)	(Zip Ce	nle)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the	position.	
Signature of New Re	gistered Agent, if changing		
Check if applicable			

X

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:

Ϋ́

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, D: rector 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	$\overline{\text{b.l.}}$	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	PTS	CHARLES D	SHAPERO	10137 SONGBIRD LANE
Add				KNOXVILLE, TN 37931-3103
Remove				
2) Change	V	CARALEE II	SHAPERO	10137 SONGBIRD LANE
X Add				KNOXVILLE, TN 37931-3103
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change			 	
Add		·		
Remove				

	(Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/4)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s late this document was signed.) adoption:, if other than t
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
AUGU: Dated	ST 11, 2023
Signature	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court officery by that fiduciary)
	CHARLES D SHAPERO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)