(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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4.

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Preferred Payroll Consultants of America, Inc. P11000089044 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Otto Biltres

Name of Contact Person Preferred Payroll Cinsultants of America, Inc. 1272 JASMINE LAKE Drive Address TARPON Springs FL. 34689 City/State and Zip Code Otto @ Preferred Payroll Consultants.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 598-6372 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

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

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

is enclosed)

	Articles of Amendment to Articles of Incorporation of
Preferred Payroll Con	nsultants of America, Inc. 1960
(Name of Corporation as currently file	led with the Florida Dept. of State)
P 11 0 0 0 0 8 9 0 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	34685
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered. Name of New Registered Agent	office address:
	Jasmine Lake Drive (Florida street address)
New Registered Office Address: Tar por	n Springs, Florida 34689 (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position. Live Billus
Signature of Ne	ew 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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PT	Otto Biltres	11928 Sheldon Rd. Tampa, FL. 33626
2) Change Add Remove	S,D	. Otto Bittres	11928 Sheldon Rd Tamps, Fc. 33626
3) Change Add Remove	P,T	Constanding Biltres	1272 Jasmine Lake Dr. Tarpon Springs, FL 34689
4)ChangeAddRemove	<u>5, D</u>	Constanting Biltres	1272 Jasmine Lake D. Tarpon Springs, FL 34689
5) Change Add Remove	,,	·	
6) Change Add Remove		A <u></u>	

ttach (ding or adding add additional sheets, if	necessary). (Be	specific)			
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rovis	nendment provides ions for implement not applicable, indi	ing the amendme	, reclassification nt if not contain	ı, or cancellatlor ned in the amend	of issued shares, Iment itself:	
	11					
						······································
			THE RESERVE THE PARTY OF THE PA			
			· · · · · · · · · · · · · · · · · · ·	***************************************		

	7/29/12
The date of each amendment(s) ac	loption:
Effective date if applicable:	(
	(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 su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	
-	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated	7/29/2012
~	
Signature	lirector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
арроіп	ted fiduciary by that fiduciary)
	OHO Biltres
	(Typed or printed name of person signing)
	President
	(Title of person signing)