

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



500274844635

07/13/15--01014--001 **35.00

_7

JUL 1 4 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FULTON ABRAH	AM SANCHEZ CPA PA	<u></u>
DOCUMENT NUMBER	P11000093370		
The enclosed Articles of A	mendment and fee are sul	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
FU	LTON ABRAHAM SAN	CHEZ, CPA	
		Name of Contact Person	ı
FU	LTON ABRAHAM SAN	CHEZ CPA PA	
		Firm/ Company	
901	0 SW 137 AV SUITE 20	I	
		Address	
ML	AMI FL 33186		
		City/ State and Zip Code	
FA@FAS	CPACONSULTANTS.C	ОМ	
		ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
FULTON ABRAHAM		at (332-3898
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenda Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

This is the corrected amendmet Documen COVERLETTER Ste: Rebecca

COVER LETTER

TO: Amendment Section Division of Corporation			
NAME OF CORPOR	ATION: FULTON ABRAH	AM SANCHEZ CPA PA	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are sui	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	FULTON ABRAHAM SAN	CHEZ, CPA	
		Name of Contact Persor	
	FULTON ABRAHAM SAN	CHEZ CPA PA	
		Firm/ Company	
	9010 SW 137 AV SUITE 20	1	
	-	Address	
	MIAMI FL 33186		
		City/ State and Zip Code	e
FA@	FASCPACONSULTANTS.C	OM	
	B-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call;	
FULTON ABRAHAL	M	at (305) 332-3898
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address Iment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

15 JUL 13 PH 2: 31

FULTON ABRAHAM SANCHEZ CPA PA	IALIABAN MI
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P(1000093370	-:6
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FAS CPA & CONSULTANTS P.A.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation ". 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: Name of New Registered Agent	in Florida, enter the name of the
,	<u> </u>
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Reg	stered 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.

X Change	<u>T4</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	\ <u></u>		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change	•		
Add			
Remove		•	

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u></u>	
f an amendment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicale N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	option:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
07/07/2015 Dated	
Signature	FAJandrez
(By a dir selected	ector, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
1	FULTON ABRAHAM SANCHEZ
-	(Typed or printed name of person signing)
1	PRESIDENT
_	(Title of person signing)