

**P120000058273**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000237456 3)))



H220002374563ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2022 JUL 13 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ACCOUNTING PROFESSIONALS CORP.**

Certificate of Status	0
Certified Copy	0
Page Count 14 JUL 2022	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 13 PM 6:31

FILED

**2ND REQUEST**

FILED

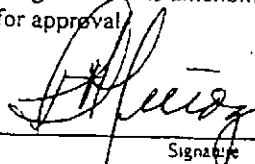
JUL 13 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLArticles of Amendment  
to  
Articles of Incorporation  
ofAccounting Professionals Corp.Florida Document Number: P12000058275

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove: JUAN LIMAAdd: Dolores Alvarez Muñoz (P.) 85%  
1490 West 49th PL  
Suite 307  
Hialeah, FL 33012  
OwnershipCesar Alvarez Munoz 15%  
OwnershipThese articles of amendment were adopted on 7/11/22

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.



Signature

Dolores Alvarez Muñoz (P)

Printed Name and Title

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 Registered Agent, if changing