P13000034202

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WEST SWELL CONSULTING, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM G. THOMAS, III Name of Contact Person WEST SWELL CONSULTING, INC. Firm/ Company 7706 S WEST SHORE BLVD. Address TAMPA, FLORIDA 33616 City/ State and Zip Code TRTHOMAS@TAMPABAY.RR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLIAM G. THOMAS, III Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WEST SWELL CONSULTING, INC.

	of Corporation as curren	tly filed with the Florida D	ept. of State)	
P13000034202				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the follow	ring amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
A-FRAME ACCOUNTING & ADVISO	PRY, INC.			95
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corp		
		NOT APPLICABLE		音音 :5
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				<u> </u>
		·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOT APPLICABLE		
D. If amending the registered agent an	rd/or registered office ade	leass in Florida, antor the	name of the	
new registered agent and/or the ne			iame of the	
Name of New Registered Agent	NOT APPLICABLE	_		
name of New Register curity on				
	(Florida s	treet address)		
N. D 1000 411	NOT APPLICABLE		m. d.	
New Registered Office Address:		(City)	, Florida	ip Code)
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligat	ions of the position	7.
	Signature of Nov	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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	NOT APPLICABLE	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
				
5) Change				
Add				
Remove				
6) Change				
Add			,	
Remove				

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
NOT APPLICABLE	
	<u>,</u>
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A) NOT APPLICABLE	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
	And the same of th
	A STATE OF THE STA

	NOT APPLICABLE	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	OT APPLICABLE	
Enterior date <u>n'applicable</u> .	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action an	d shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder action	areholder
NOVEM	BER 10, 2015	
DatedSignature	Willia 6 Thorth	ノ
(By a selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	WILLIAM G. THOMAS, III	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	