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(Cil	y/State/Zip/Phone	e #)
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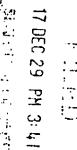


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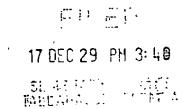
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARCOUX C	CPA INC.
DOCUMENT NUMBER: P14000007863	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JOHANNE MARCOUX	
	Name of Contact Person
MARCOUX CPA P.A.	
	Firm/ Company
100 SE 3RD AVENUE,	SUITE 1514
	Address
FORT LAUDERDALE.	FL 33394
	City/ State and Zip Code
JOHANNE.MARCOUX@JM/	ARCOUXCPA.COM
•	ne used for future annual report notification)
For further information concerning this matter, p	please call:
I/ALLANNER MADC/OLEV	051 702 1020
JOHANNE MARCOUX	at (954) 793-4828 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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

Articles of Amendment to Articles of Incorporation of



MARCOUX CPA INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P14000007863	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation;	
MARCOUX CPA P.A.	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or " word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. Passa and a similar office address if annihilation	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
,	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
N. D. D. Starten J. Starten of the sain Designand Agents	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	·
	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>uc</u>		
X Remove	\underline{V}	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	Ν	IA
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	*/(
1) Change		_			
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 Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
P.A. is a professional association for accounting and tax services.	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	_
	*

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	12/21/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date videopartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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	
bv		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/21/2 Dated	017	
Signature (By sele	a director, president or other officer – if directors or officers have not been ceted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
арр		
	JOHANNE MARCOUX	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	