P160000004398

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 8 2016

C LEWIS

COVER LETTER

NAME OF CORPORATION: Accounting at allcost, Inc

DOCUMENT NUMBER: P16000004398

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fuada Delic
_____
Name of Contact Person

_____
Firm/ Company

315 Spring Glen Rd, Suite #504
_____
Address

Jacksonville, FL 32207
_____
City/ State and Zip Code

Fuada@yahoo.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fuada Delic   at (904) 566-7149
_____   _____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 Filing Fee ☐$43.75 Filing Fee & ☐$43.75 Filing Fee & ☐$52.50 Filing Fee
                     Certificate of Status   Certified Copy   Certificate of Status
                                              (Additional copy is   Certified Copy
                                              enclosed)   (Additional Copy
                                                                      is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

Accounting4allcost , Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

_P16000004398_

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

_____*The new* *name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                         (City)   *(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 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) __X__ Change ____ Add ____ Remove	P	Fuada Delic	3115 Spring Glen Rd, 504 Jacksonville FL 32207
2) ____ Change __X__ Add ____ Remove	P	Domingo Arroyo	3115 Spring Glen Rd, 504 Jacksonville FL 32207
3) ____ Change __X__ Add ____ Remove	S	Fuada Delic	3115 Spring Glen Rd, Suite 504 Jax, FL 32207
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)*

_____

_____

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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)

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ 01/29/2016 _____, if other than the
date this document was signed.

Effective date **if applicable**: _____ ~~a.~~ 01/29/2016 _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)   (**CHECK ONE**)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____ 01/29/2016 _____

Signature _____ *Nader Declic* _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

_____ FUADA DECLIC _____

(Typed or printed name of person signing)

_____ President _____

(Title of person signing)