P16000018042

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: PROFESSIONAL	DESIGN OF FLORIDA IN	NC
DOCUMENT NUM	P16000018042		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FRANK CRUZ		
		Name of Contact Persor	1
	ACCOUNTING UNLIMITE	D SOLUTIONS INC	
		Firm/ Company	
	8019 N HIMES AVE STE 50)3	
		Address	
	TAMPA FL 33614		
		City/ State and Zip Code	
FRA	NZSUACRUZ@YAHOO.CO	M	
	-	sed for future annual report	notification)
	·	•	·
For further informatio	n concerning this matter, pleas	se call:	
FRANK CRUZ		at (280-2958
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)
Amo Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

•	Articles of A	mendment			
•	to				
	Articles of lac	•			9/10°
	of				7,50
PROFESSIONAL DESIGN OF FLORID	A INC				Le Office !
(<u>Name o</u>	Corporation as current	ly filed with the Flo	rida Dept. of State)		On Office
P16000018042					60.00
	(Document Number of	of Corporation (if kno	DWII)		
Pursuant to the provisions of section 607. its Articles of Incorporation;	1006, Florida Statutes, this	Florida Profit Corp	poration adopts the fol	llowing amendment(s)	LOUT NO. 12 TORS
A. If amending name, enter the new na	me of the corporation:				دنه
				1he new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A profession	r "incorporated" or al corporation name	the abbreviation must contain the	
9. Enter new principal office address	if annlicable:	4380 E 11TH A	VE HIALEAH		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	HIALEAH FI. 3	33013-2533			
C. Enter new mailing address, if applicable; (Mailing address MAY BE, A POST OFFICE BOX)		4380 E 11TH A	VE HIALEAH		
•		HIALEAH FL 3	33013-2533		
D. If amending the registered agent an new registered agent and/or the new			er the name of the		
Name of New Registered Agent					
	4380 E LITH AVE HIAR	LEAH			
	(Florida s	treet address)			
New Registered Office Address:	HIALEAH		, Florida ³³	3013-2533	
	•	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Ager	ıt;			
I hereby accept the appointment as regist			obligations of the pos	sition.	
					4 मुं

Page 1 of 4

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)

(Attach adainonal sneets, grecessary)
Please note the officer/director title by the first letter of the office title:
P = President; V = Vice President; T = Treusurer; 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, Treusurer, 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.

I John	<u>Doc</u>	
Mike	Jones	
Y Sally	<u>Smith</u>	
<u> </u>	<u>Name</u>	<u>Address</u>
		4380 E LITH AVE HIALEAH
		HIALEAH FL 33013-2533
	EIN 81-1660330	
		<u> </u>
		
	Mike	Mike Jones Y Sully Smith Title Name

The date of each amendment(s) as date this document was signed.	option:, if other than th
Effective date if applicable:	
Enecuse date <u>il appriçane</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the parament of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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	(voling group)
The amendment(s) was/were ad action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required. 09/29/201 Dated Signature X (By 9	incetor, pusident or other officer. If directors or officers have not been d, by an incorporator if in the hands of a receiver, trustee, or other count
appoir	ted figliciary by that fiduciary)
	RAMON PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)