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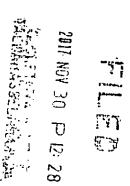
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRUSTED CPA S	OLUTIONS, P.A.	
DOCUMENT NUMB	ER: P16000029488		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Joann C. Evans		
•		Name of Contact Person	1
	Trusted CPA Solutions		
-		Firm/ Company	
	5654 Vintage View Ave		
-		Address	
	Lakeland, FL 33813		
•		City/ State and Zip Code	e
Evans	@TrustedCPASolution.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joann C. Evans		at (812-8853
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divi: P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Islanssee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Trusted CPA Solutions, P.A.			
(Name	of Corporation as current	ly filed with the Florida Dep	t. of State)
P16000029488			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
Trusted CPA Solution, P.A.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpore	orated" or the abbreviation
B. Enter new principal office address.	if applicable:	5654 Vintage View Ave	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Lakeland, FL 33812	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5654 Vintage View Ave	
(matting dataress MAT BE ATOST OFFICE BOX)		Lakeland, FL 33812	
		·	·
D. If amending the registered agent an new registered agent and/or the new			me of the
Name of New Registered Agent	2250 Druid Rd E #104	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		reet address)	
	Clearwater, FL	reer audressy	33764
New Registered Office Address:		(City)	_, Florida(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as registered.	tered agent. I am familiar		ns of the position.
			TO TO

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Brian Munoz	2250 Druid Rd E #104
X Add			Clearwater, FL 33764
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	*···		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Na		
		
		
		
<u> </u>		_
	the state of the s	
<u>t an amendmen</u> provisions for i	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:	
(if not appli	cable, indicate N/A)	
n a		
N W		
		

The date of each amendment(s) addate this document was signed.	doption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved 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	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 11 27	12017
Signature (lirector, president or other officer - if directors or officers have not been
(By a c	lirector, president or other officer - if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	Toann C- Evans (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Paesident
	(Title of person signing)