P16000058303

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, TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GONITE & GONI	TE, CERTIFIED PUBLIC .	ACCOUNTANTS, P.A.
	BER: P16000058303		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	SOLOMON E. GONITE		
		Name of Contact Person	
	GONITE & GONITE, CERT	THED PUBLIC ACCOUN	TANTS, P.A.
		Firm/ Company	
	2603 NW 13TH ST #400		
		Address	
	GAINESVILLE, FL 32609		
		City/ State and Zip Code	
	SOLOMON@GONITECPA.	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		418 1561
SOLOMON GONIT		at (352	<u> 448-1561</u>
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, Fl. 32303

Articles of Amendment to Articles of Incorporation

GONITE & GONITE CERTIFIED ABLIC ACCOUNTANTS P.A. (Name of Corporation as currently filed with the Florida Dept. of State)

P160000 58303 (Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, t	his Florida Profit Corporation a	adopts the following amendme
A. If amending name, enter the new nar	ne of the corporation	<u>:</u>	
GONITE CPA P.A.			The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" chartered, ""professional association," of	rp," "Inc," or "Co"	. A professional corporation	
B. Enter new principal office address, if (Principal office address MUST BE A ST.		N/A	
(1) melput syjite and since si	,		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	
D. If amending the registered agent and new registered agent and/or the new	or registered office and registered office and	address in Florida, enter the na ress:	<u>ime of the</u>
Name of New Registered Agent	N/A		
-	(Florid	a street address)	
New Registered Office Address:	N/A		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Ag red agent. I am famil	zent: iar with and accept the obligation	ons of the position.
			2024 J.
	Signature of Ne	w Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pu	rsuant to s. 607.0120 (11) (c), F.S.	

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)

Example:

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.

\underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SAMUEL E. GONITE	2603 NW 13TH ST #400
Add			GAINESVILLE, FL 32609
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal sheets, if necessi		,			
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If an amendn	ient provides for a	n exchange, reclas	sification, or ca	ncellation of issu	ed shares,	
provisions fo	or implementing the opticable, indicate N	e amendment if no	<u>st contained in t</u>	he amendment i	tself:	
	рисавіє, таісаіє м	/A)				
Α	<u>.</u>					···
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	01/01/2024	
The date of each amendment(s	adoption:	, if other than th
date this document was signed.		
	1/01/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
· ——————	(voting group)	
01/04/29	72.4	
Dated		
Signature	Folomon E Conite	
(By	a director, president or other officer - if directors or officers have not be	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other	court
арро	pinted fiduciary by that fiduciary)	
	SOLOMON E. GONITE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	