P16000388015

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SUNRISE ACCOU	UNTING PROFESSIONA	LS INC
DOCUMENT NUMBER:	P16000088015		
The enclosed <i>Articles of Amena</i>	Iment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
BARBAI	RA PEREZ		
		Name of Contact Perso	n
SUNRIS	E ACCOUNTING F	PROFESSIONALS INC	
		Firm/ Company	
9525 SW	24 ST APT D209		
		Address	· · · · · · · · · · · · · · · · · · ·
MIAMI.	FL 33165		
		City/ State and Zip Cod	c
SUNRISEACO	OUNT@YAHOO.	СОМ	
E-m	ail address: (to be us	sed for future annual report	
		• •	and the common of the common o
For further information concerni	ing this matter, pleas	se call:	
BARBARA PEREZ		786 at (488-3216
Name of Contact	Person		de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Dep.	artment of State:
	3.75 Filing Fee & entificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add: Amendment S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7	Ameno Divisio Cliftor	Address dment Section on of Corporations of Building Executive Center Circle assee, FL:32301

Articles of Amendment to Articles of Incorporation of

SUNRISE ACCOUNTING PROFESSIONALS INC.

(Name (of Corporation as current	ly filed with the Florida	Dent of State)
P16000088015	A COLIMATION IN CULTUM	iv med with the Fiorkin	Dept. or state)
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
N/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 co	corporated" or the abbigariation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of D. If amending the registered agent an	OFFICE BOX) d/or registered office add		e name of the
new registered agent and/or the new		<u>s:</u>	
Name of New Registered Agent	NORBERY LORENZO		
	9525 SW 24 ST #209		
New Registered Office Address:	(Florida str MIAMI	reet address)	Florida_33165
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	<u>:</u> with and accept the oblig loreus	vations of the position.

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:

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	P	PEREZ, BARBARA	9525 SW 24 ST #209
Add X Remove			MIAMI, FL 33165
2) Change	VP	FIGUEREDO. KARILYN	PO BOX 440225
Add			MIAMI, FL 33144
X Remove			
3) Change	P	NORBERY LORENZO	9525 SW 24 ST #209
X Add			MIAMI, FL 33165
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach <i>additional s</i>	ding additional Artic sheets, if necessary).	(Be specific)			
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	**** *********************************				
			···· <u>-</u> <u>-</u>		

an amendment	provides for an exchaplementing the amer	ange, reclassifica	<mark>ition, or cancellat</mark> i	ion of issued share	<u>es.</u>
<u>provisions for im</u>	plementing the amer	<u>idment if not cor</u>	ntained in the ame	<u>ndment itself:</u>	
(і) погарриса	able, indicate N/A)				
					
				<u>.</u>	

The date of each amendment(s) adoption:	. if other than the
Effective date <u>if applicable:</u> (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 determined by the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
BARBARA PEREZ	
(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.	
12/07/2016	
Signature Daubara Peres	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prop	

(Title of person signing)