## P140000097714

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
. (Ci	ty/State/Zip/Phone	e #)
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2017 MAR 20 PM 12: 92

SECRETARY OF STATE
BALL AHASSEE, FLORID

Amend Name

MAR 22 2017 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EDDY CPA	ADVISORY & S	DOCUTIONS, INC.			
DOCUMENT NUMBI	er: <u>P16000097</u>	714				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
_	JOHANNA EDDY  Name of Contact Person					
	EDDY CPA ADVISORY & SOLUTIONS, INC.					
_		Firm/ Company				
	1500 NW 112TH WAY Address					
_		Address				
	PEMBRON	CE PINES, FL	33026			
-	•	City/ State and Zip Code	•			
	imeddul	O. eddyoduisa	ru cam			
Meddy Ceddyadu Sory. Com  E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, pleas	se call:				
	_	_	,			
JOHAN	UNA EDDY	at( <u>305</u>	de & Daytime Telephone Number			
Name of	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)			
Mailing Address		Street Address				
	ndment Section ion of Corporations	Amendment Section Division of Corporations				
	Box 6327	Clifton Building				

Taliahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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	& SOLUTIONS INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1600009-	7714
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Frits Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EDDY CPA ADVISORY &	SOLUTIONS P.A. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA RECEIPERS
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida stree	et address)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	egistered 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	enes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change	<del> </del>			
Add				
Remove				

	dding additional Articles, sheets, if necessary). (Be	e specific)			
Picner	c. Accounting	CPCOLCA	-CPA		
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an amendmer	provides for an exchange	, reclassification, o	or cancellation of i	ssued shares,	
	nplementing the amendme cable, indicate N/A)	nt it not contained	i in the amendmen	it itseii:	
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The date of each amendment(s) adoption: MARCI+ 11, 2017	, if other than the
date this document was signed.	
Effective date if applicable: MARCH 11, 2017	
(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 of document's effective date on the Department of State's records.	will not be listed as the
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)	
(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 MARCH 11, 2017	
Signature  (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)	
JOHANNA EDDY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	