

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAłL
(Bt	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300334404363

69730.19--01710--009 ******37.00

19 SP 30 PM PH

OCT 15 2019 S. YOUNG

COVER LETTER

e e

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: V2 ACCOUNTING SERVICES INC. DOCUMENT NUMBER: P17000002589
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth 2amora Name of Contact Person
Firm/ Company U420 NW 5th Way Address
Fort Lauderdale FL 333:09 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth 2amara at asy 5982994 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P17000	002589
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10420 NW 5th Way
	Fort Lauderdale FC
	1014 Caudo Ciare 10
	<u> </u>
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street address)
Now Posistand Office Address:	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
т петеоў ассері іне арроінамені аз тедыетей адені. Тат зат	mar with and accept the obligations of the position.
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)

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	PT Joh	n Doe	
X Remove	<u>v</u> <u>Mil</u>	ee Jones	
X Add	<u>SV</u> <u>Sal</u> l	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	<u> </u>	Elizabeth	1625 S. Feberal Hw
Add		zamóra	Pompano Brach, FL
Remove			33062
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-11
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mae, administrational success, y necessary).	(Be specific)		
	-1		
			
			<u> </u>
			
f an amendment provides for an excl	ange, reclassification, or	cancellation of issued s	hares.
i an amenument provides for all exc.	-d	n the amendment itself	1
provisions for implementing the ame	nament ii not containea i		
provisions for implementing the ame (if not applicable, indicate N/A)	nament 11 not containea 1		
provisions for implementing the ame	nament ij not containea i		···
provisions for implementing the ame	nament II not containea I		
provisions for implementing the ame	nament II not containea I		
provisions for implementing the ame	nament II not containea I		
provisions for implementing the ame	nament II not containea I		
provisions for implementing the ame	nament II not containea I		
provisions for implementing the ame	nament ij not containea i		
provisions for implementing the ame	nament ii not containea i		

The date of each amendment(s) addate this document was signed.	ption:	9	, if other than th
•	9/7/19		
Effective date if applicable:	(no more than 90 days af	ter amendment file date)	
Note: If the date inserted in this be document's effective date on the De	ck does not meet the applicable state artment of State's records.	utory filing requirements, this	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su	ted by the shareholders. The number of icient for approval.	of votes cast for the amendmen	t(s)
	oved by the shareholders through voting arch voting group entitled to vote sepa		ment
"The number of votes east	r the amendment(s) was/were sufficie	nt for approval	
by		, , ,	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	ted by the board of directors without s	shareholder action and sharehol	deг
☐ The amendment(s) was/were add action was not required.	ted by the incorporators without share	holder action and shareholder	
Dated	24/19		
Signature	Elist 3	-	
(By a d	ector, president or other officer - if di	rectors or officers have not bee	n
appoint	by an incorporator – if in the hands of d fiduciary by that fiduciary)	i a receiver, trustee, or other co	urt
	Elizabeth	2amora_	
	(Typed or printed name of p	erson signing)	
	Preside	nt	