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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Crowder and Associates, Inc. DOCUMENT NUMBER: <u>P1700014177</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ouis Crowder (President)
Name of Contact Person Name of Contact Person

Crowder and Associates, Inc.

Firm/Company 48 Kimberly Dr. Crawfordville, Fr. 32327
City State and Zip Code Smartred Neck 1123@ gmail. (on / E-mail address! (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (850) 296-6445

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Crowder and ASSOC	(ates, Inc
P170000	014177
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp." "Inc.," or Co., " or the designation "Corp." "Inc." or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
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)	
7	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida stre	ret address)
New Registered Office Address:	, Florida
,	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. Tam familiar w	un ana accept the obugations of the position.
Cimana of V	egistered Agent, if changing
Signature of New K	сумстен адент, у спинуту

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: <u>X</u> Change	PT John	n Doe	
\underline{X} Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Rebecca Culley	PO BOX 12213
✓ Add		,	Tallahassee, FL 32317
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Articles heets, if necessary).—(I				
					
			<u></u>		
					
					a
		-			
				_	
an amendment p	rovides for an exchang elementing the amenda	ge, reclassification, o	r cancellation of iss	ued shares,	
(if not applica	hle, indicate N/A)	nene ii not contained	m till unknament	ICSCII.	
	^ N ^ A	-			
				-	

The date of each amendment(s) adop	otion:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more th	an 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa		pplicable statutory filing requirements, this date ds.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopte by the shareholders was/were suffice		The number of votes cast for the amendment(s)	
		s through voting groups. The following statement do vote separately on the amendment(s):	u.
"The number of votes cast for			
by	(voting group)	···	
	(voting group)		
☐ The amendment(s) was/were adopte action was not required.	ed by the board of direc	ctors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required. Dated	ed by the incorporators $\left(27/17 \right)$	without shareholder action and shareholder	
Signature		2	
selected, t	y an incorporator – if i	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduci	iary)	
	[001]	Candon	
	(Typed or prin	nted name of person signing)	
	PM	esident itle of person signing)	
-	(T	itle of person signing)	