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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MCGOEY, SHARFI, & CO. CPA'S, INC. DOCUMENT NUMBER: P170000 26015 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ASIF SHARFI Name of Contact Person MCGOEY, SHARFI & CO. CPA'S
Firm/Company ROYN TO N BCH., Ft. 33 435
City/ State and Zip Code GENERAL @ AKFL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ASIF SHARFI at (561) 358-1301

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: √ \$35 Filing Fee □\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

MC GOEY, SHAKFI & CO.	CPA'S, INC.			
P17 0000 26015 (Document Number of				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts th	ie followir	ng amend	lment(s)
A. If amending name, enter the new name of the corporation:	_			
MCGOEY, SHARFI, & CO. CP	A'S, P.A.		_The r	1ew
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 "I	Co". A professional corporation in	or the a	bbreviai contain	rion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_
		~-·		
		11.	~1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>;</u>	<u></u> <u>برن</u>	<u> </u>
			(S)	· ¬
			4	- :
D. If amending the registered agent and/or registered office addro	ace in Florida, enter the name of the		1	_
new registered agent and/or the new registered office address:		<u></u>	3	
Name of New Registered Agent			_	
(Florida stre	vet address)			
New Registered Office Address:	, Floric			
1	(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the	? position.		
Signature of New Ro	egistered Agent, if changing		_	

NIA

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action	Title		<u>Addres</u> s
(Check One) 1) Change			
Add		-	
Remove		-	
2) Change			
Add		-	
Remove		-	
3) Change			
Add		-	
Remove		-	
4) Change			
Add		_	
Remove		-	
5) Change			
Add		_	
Remove		-	
6) Change			
Add		-	 -
Remove		_	

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		_
		
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	•	
n amendment provides for an exchange, reclassification, or o	ancellation of issued shares,	
ovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:	
(g min spymanic, marcine min)		

The date of each amendment(s) adoption: 6/19/17 date this document was signed.	_, if other than th
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as th
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 east for the amendment(s) was/were sufficient for approval	
by	
(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 6/19/17 Signature / Ai/ w/.	
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)	
ASIF SHARFI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	