PITCUC540CT

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: USA ACCOUNTE	NG & ASSOCIATES COR	P		
	BER: P17000054007				
	s of Amendment and fee are su	bmitted for filing.		<u>.</u>	, <u>. 10:</u> 36
Please return all correspondence concerning this matter to the following:				505/62-52	. (' '
	LORYANA RODRIGUEZ				•
		Name of Contact Person	1		
	USA ACCOUNTING & ASS	SOCIATES CORP			
		Firm/ Company			
	6500 WEST 4TH AVE UN	IT 46			
		Address			
	HIALEAH, FL 33012				
		City/ State and Zip Cod	e		
	info@usaaccounting75.com				
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:at (864-0721		
Name of Contact Person		ar (ar () de & Daytime Telephone	e Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
An Div P.C	illing Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	e 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	itly filed with the Florida De	ept. of State)	
P17000054007			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
ACCOUNTANTS MIAMI CORP		The ne	, ii.
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation	I" or the abbreviation "Corp.,	,
B. Enter new principal office address, if applicable:	N/A		=
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		🏊	
		 	T
C. Enter new mailing address, if applicable:	N/A	7.5	
(Mailing address MAY BE A POST OFFICE BOX)	,NA	, S	-1 -1
		Sign A	1 I
		<u> </u>	<u>ر</u>
	<u></u>		
D. If amending the registered agent and/or registered office ad		ame of the	6
new registered agent and/or the new registered office addre	ss:		
Name of New Registered Agent N/A			
(Florida s	street address)		
N/A		F1 '1	
New Registered Office Address:	(City)	, Florida /Zip Code)	
		·	
New Registered Agent's Signature, if changing Registered Ager			
	r with and accept the obligation		

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	<u>Doc</u>			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
_X Add	<u>SV</u> <u>Sall</u>	Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change	NA	NA		<u> </u>	
Add	·			· · · · · · · · · · · · · · · · · · ·	
Remove			-		
2) Change					
Add					
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove			-		
5) Change			··		
Add					
Remove					
6) Change					
Add					
Romove					

	ual sheets, if necessary)). (Be specific)			
/A					
			· <u> </u>		
					
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		,			
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			<u> </u>		
	<u> </u>			_	<u> </u>
If an amendm	ent provides for an ex	change, reclassifica	tion, or cancellation	of issued shares,	
provisions for	r implementing the an	<u>nendment if not con</u>	tained in the amen	dment itself:	
(if not app	olicable, indicate N/A)				
'A					
_					
. <u>-</u>				 	
		_			
		-			

	09/15/2021	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	7/15/2021	
Signature	Invana Kalaiges	
	ector/president or other officert if directors or officers ha	
	has an incorporator of in the hands of a receiver, trustee, d fiduciary by that fiduciary)	or other court
арроше	d (ductary by that indictary)	
	Longina Kodejavez	
-	(Typed or printed name of person signing)	<u> </u>
	Deasident	
_	(Title of person signing)	
	Single of the control	