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# COVER LETTER

TO: Amendment Section Division of Corporations

# NAME OF CORPORATION: RLD ACCOUNTING & TAX SERVICES INC

# DOCUMENT NUMBER: P18000018245

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD DEGASPERIS

Name of Contact Person

RLD ACCOUNTING & TAX SERVICES INC

Firm/ Company

1852 B 40TH TERR SW

Address

NAPLES, FL 34116

City/ State and Zip Code

ALPHAAPSINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD L. DEGASPERIS

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

🗧 - \$35 Filing Fee

U\$43.75 Filing Fee & Certificate of Status

<sup>1</sup>□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

**US52.50** Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation

of

#### RLD ACCOUNTING & TAX SERVICES INC.

# (Name of Corporation as currently filed with the Florida Dept. of State)

The

### P18000018245

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amenits Articles of Incorporation:

## A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevic "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", A professional corporation name must contab word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applie	<u>cable:</u>				
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )			r.	
		ice address in Florida, enter the name of the address: orida street address) 			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROVO				
(Maning address <u>MAT be ATOST OTTTE</u>	<u>,, .</u> ,	<u>_ · · ·</u>	······		
				r	1
				<u>.</u>	
D. If amending the registered agent and/or reg	<u>gistered office addr</u>	<u>ess in Florida, enter the n</u>	ame of the		
new registered agent and/or the new registered	ered office address	<u>:</u>			
Name of New Registered Agent					
	(Plorida sire	eet address)			
New Registered Office Address:			, Florida	_[	
		(City)		(Zip Ci	ode
New Registered Agent's Signature, if changing				.	
hereby accept the appointment as registered age	nt. – Lam familiar w	with and accept the obligation	ons of the positi	ion.	
	C				
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# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; ClExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	ROSE B. DEGASPERIS	9484 NAPOLI EN #202
X Add			NAPLES, FL 34113
Remove			
2) Change			
Add			
Remove			
3 ) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

Attach additional sheets, if necessary). (Be specific)	
	<b></b> .
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	ł

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Page 3 of 4

The date of each amendment(s) adoption:  $\frac{09/23/19}{2}$ if oth date this document was signed. 09/23/19 Effective date if applicable: (no more than 90 days after amendment file dater Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes east 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) D 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 9/23/19 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). RONALD L. DEGASPERIS (Typed or printed name of person signing) PRESIDENT (Title of person signing) Page 4 of 4