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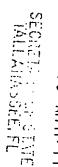
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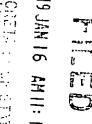
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL	LI B HOROWITZ CPA P.A.		<u> </u>		
DOCUMENT NUMBER: P18000088295					
The enclosed Articles of Amendme		ling.			
Please return all correspondence cor	ncerning this matter to the foll	owing:			
ELI HOROW	VITZ				
-	Name of Contact Person				
ELI B HORO	ELI B HOROWITZ CPA P.A.				
	Firm	Company			
200 KNUTH	200 KNUTH RD. STE 226				
-	A	ddress			
BOYNTON	BOYNTON BEACH, FL 33436				
	City/ State	and Zip Code	 -		
ELI@EBHCPA.CO	284				
	iddress: (to be used for future	annual report not	ification		
15-111d11 d	address. (to be used for future	annuar report nor	meation)		
For further information concerning to	this matter, please call:				
ELI HOROWITZ	at	(914)	552-2462		
Name of Contact Per	rson	Arca Code &	& Daytime Telephone Number		
Enclosed is a check for the following	g amount made payable to the	Florida Departm	ent of State:		
	cate of Status Certified	Copy al copy is	3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3.	on rations	Clifton Bu 2661 Exec	nt Section f Corporations		

Articles of Amendment to Articles of Incorporation of

FILED

ELI B HOROWITZ CPA P.A.

(Name of Corporation	n as currently filed with the Flatin Dept. of State)
(Docume	SECRETATION OF STATE ont Number of Corporation (if known), LL ATACHEE, FL
	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>))
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Regist	(City) (Zip Code)
Signat	ure 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:

 $P = President; V \neq Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	DVT	SUSAN MURRAY	4100 NW 7TH LN	
Add			DELRAY BEACH, FL 33445	
X Remove				
2) Change	DV	MARC HOROWITZ	4100 NW 7TH LN	
X Add			DELRAY BEACH, FL 33445	
Remove				
Change				
Add				
Remove				
L Change				
Add				
Remove				
Change				
Add				
Remove				
Change				
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
110	
(if not applicable, indicate N/A)	
(If not applicable, indicate N/A)	
(IJ not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
	Y 14, 2019	
Dated Signature	A Paper	
(By a select	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	ELI B HOROWITZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	