## P180000 88390

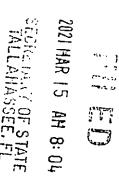
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Vorisek & Associates Inc DOCUMENT NUMBER: P18000088390 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeff Vorisek Name of Contact Person Vorisek & Associates Inc Firm/ Company 13575 58th St N Ste 150 Address Clearwater, FL 33760 City/ State and Zip Code javcpa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 815 ) 344-9336

Area Code & Daytime Telephone Number Jeff Vorisek Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

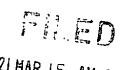
Mailing Address

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Vorisek & Associates Inc.

2021 MAR 15 AM 8: 04

Voltack & Associates the		•	.,, 0. 04	
(Name o	of Corporation as currently	filed with the Florida Dept. of State	:)	
P18000088390	TALLAHASSEE			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the	following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
Jeff Vorisek CPA Inc			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the ab professional corporation name mus	breviation "Corp.,"	
n e	is a a Bankla.	N/A		
B. Enter new principal office address, (Principal office address MUST BE A S			<del></del>	
	·		·····	
			. <u></u>	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A		
(maning dadress <u>serve basers</u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent ar	d/ar varietared office addr	ass in Florida enter the name of the		
new registered agent and/or the new				
N. CM. B. in all lands	N/A			
Name of New Registered Agent				
	(Florida stre	eet address)		
New Registered Office Address:	N/A	, Florida		
	I	(City)	(Zip Code)	
	beerelee Designand Amand			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar w	with and accept the obligations of the p	osition.	
, , , , ,	,			
	Signature of New Re	egistered Agent, if changing		
Check if applicable				
Check it opposite				

☐ The amendment(s) is/are being tiled 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)

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	PT	John Doe	
X Remove	V	Mike Jones .	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3 ) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			
KCHION C			

/A	onal sheets, if nece	onal Articles, enter essary). (Be spec	rific)			
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If an amendr	nent provides f <u>or</u>	r an exchange, rec	lassification, or c	ancellation of issu	ued shares,	
provisions fo	or implementing	the amendment i	f not contained in	the amendment	<u>itself:</u>	
(if not af	pplicable, indicate	? N/A)				
/A						
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	option:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and s	shareholder
■ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
	(voting group)	
March 1, 20 Dated Signature	In a Vant	_
Kelecica	eylor, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Jeffrey A Vorisek	
•	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2021

JEFF VORISEK VORISEK & ASSOCIATES INC 13575 58TH ST N STE 150 CLEARWATER, FL 33760 US

SUBJECT: VORISEK & ASSOCIATES, INC.

Ref. Number: P18000088390

We have received your document for VORISEK & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT SEND IN ALL PAGES TO YOUR AMENDMENT FORM. PLEASE SEE THE ATTACHED DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00011985