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(Re	equestor's Name)	, <u>-</u> -
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATIO	A&A AUDIT INC			
	19000007662			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponden	ice concerning this matter	to the following:		
CARLOS M ARGUELLO JR	:			
	(Name of Contact Perso	n)	
		(Firm/ Company)		
1520 NW 125TH AVE APT	10202			
		(Address)		
SUNRISE FL 33323				
	(1	City/ State and Zip Coo	le)	 .
	nail address: (to be used f		······································	
15-1	nan address: (to be used i	or iuture annuai report	notification)
For further information concer	ming this matter, please ca	all:		
CARLOS M ARGUELLO JR			4	592-8356
(1	Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	llowing amount made paya	able to the Florida Dep	artment of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
<u>Mailing Ad</u> Amendment			Address dment Secti	A.
Amendinen	DECHOIL	Amen	инсиг эсси	UII

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

A&A AUDIT INC

	P19000	0007662				
·····	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the f	ollowing	g ameno	dment(s) to	
A. If amending name, enter the new na	ame of the corporation:			The i	new	
	iation "Corp." "Inc." or	ion," "company," or "incorporated" o. "Co". A professional corporation nam ("P.A."		_ bbreviat	tion	
B. Enter new principal office address,	if applicable:	1520 NW 125TH AVE APT 10202				
(Principal office address MUST BE A S		SUNRISE FL 33323	3510	N 61	_	
				<u>-6</u> 7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1520 NW 125TH AVE APT 10202		P P	_ .n .フ	
		SUNRISE, FL 33323				
		···	>		_	
D. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the				
Nume of New Registered Agent	CARLOS M ARGUELL					
	1520 NW 125TH AVE APT 10202			,		
	(Florida :	street address)		•		
New Registered Office Address:	SUNRISE FL	, Florida_			_	
		(City)	(Zip C	Zode)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the pa	osition.			
\preceq	ch rejuse	wVi?		-		
	Sig na ture 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= 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	ADRIANA ARGUELLO	1520 NW 125TH AVE APT 10202
X Add			SUNRISE FL 33323
Remove			<u></u>
2) Change			70 - TI
Add			
Remove			
3) Change		_	·
Add			
Remove			
4) Change			
Add			
Remove			···
5) Change		· -	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares.		19 NOV
provisions for implementing the amendment if not contained in the amendment itself:		19 มกม เว
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)		<u> </u>
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If 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)		ی اند

The date of each amendment(s) ad date this document was signed.	option:	, if other tha
-	5/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	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	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	3
The amendment(s) was/were adoraction was not required.	oted by the incorporators without shareholder action and shareholder	
11/06/2019) ran	, ; . ; T i
Dated		
Signature	CH Transinor)	
	rector, president or other officer – if directors or officers have not been	1
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроти	ed fiduciary by that fiduciary)	
	CARLOS M ARGUELLO JR	
·	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	

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