## 1200000 23680

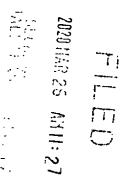
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Zachary L Kamish	CPA PA			
	BER: P20000023680	-4	<b>.</b>		
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Zachary L Kamish				
		Name of Contact Person	n		
	Zachary L Kamish CPA PA				
	Firm/ Company				
	14303 Parkside Ridge Way				
	Address				
	Lithia, FL 33547				
		City/ State and Zip Cod	e		
	złkepa@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Zachary L Kamish		at (	468-1230		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Dep	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	niling Address nendment Section vision of Corporations D. Box 6327 Iahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of



Zachary L Kamish CPA PA

(Name of C	Corporation as curre	ently filed with the Florid	a Dept. of State)		
P20000023680					
	(Document Number	er of Corporation (if known	)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, t	his <i>Florida Profit Corpora</i>	tion adopts the follo	wing amen	dment(s) to
A. If amending name, enter the new nam	e of the corporation	<u> </u>			
NIA				The	new
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor," chartered," "professional association," or	p," "Inc," or "Co".	. A professional corpora	cated" or the abbrev tion name must co.	iation "Coi ntain the v	rp.," vord
B. Enter new principal office address, if	applicable:	N/A			
(Principal office address <u>MUST BE A STR</u>					
					<del></del>
			<u>:-</u>	202	
C. Enter new mailing address, if applica	błe:	. / A			-7-1
(Mailing address MAY BE A POST OF	FICE BOX)	NA		<u> </u>	
				. 25	
			<del></del>	A	
				<del></del>	-
D. If amending the registered agent and/			he name of the	N	
new registered agent and/or the new r		ress:	٠.	_	
Name of New Registered Agent	NA				
	1				
<del>-</del>	(Floride	a street address)		~ <del>. —</del>	
New Registered Office Address:			. Florida		
		(City)		Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as registere			vations of the positi	ort	
r nevery accept the appointment ar regarder	u ugem. Tum jumu.	ar will and the cept the som	ganons of the positi		
	10				
	Mb	w Registered Agent, if chan		·	
	Signature of Ne	w Registered Agent, if chan	ging		
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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Amy R Cohen-Kamish	14303 Parkside Ridge Way
X Add			Lithia, FL 33547
Remove		-	
2) Change			
Add			
Remove 3 ) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	<u> </u>	
Add			
Remove		_	

Attach additional shee	additional Articles, enter change(s) here: s, if necessary). (Be specific)
f	ia
<del></del>	
f an amendment pro	ides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for imple</u>	nenting the amendment if not contained in the amendment itself:
(if not applicable	indicate N/A)
	ula
- 10E-	

•

	3/23/2020		
The date of each amendment(s) adopt	ion:	, if	other than the
date this document was signed.			
4/1/2020	)		
Effective date <u>if applicable</u> :			
	(no more than 9	00 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart		icable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or	board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		ne number of votes cast for the amendment(s)	
		rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/we	ere sufficient for approval	
by	(voting group)	"	
	(voting group)		
3/23/2020			
Dated			
Signature 2	1 l Van	·	
	or, president or other offi	icer – if directors or officers have not been	
		he hands of a receiver, trustee, or other court	
	iduciary by that fiduciary		
	Lacheny L	name of person signing)	
	(Typed or printed	name of person signing)	<del></del>
	President	•	
<del></del>	(Title of person si	igning)	
	•		