# P21000032085

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A.K.A. TRUSTED	ADVISORS COR	ξP			
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the followin	ig:			
		ALEJANDRO DI	E ARMA	as		
-		Name of Conta	ct Persor	1		
-		Firm/ Com	ıpanv			
	942 SW 119 CT					
-	Address					
_	MIAMI / FL / 33184					
		City/ State and	Zip Cod	e		
		LEJANDRO8707	***			
	E-mail address: (to be us	sed for future annu	ial report	notification)		
For further information	concerning this matter, pleas	se call:				
ALEJANDRO DE AR	MAS	at (	786	de & Daytime Telephone Number		
Name of Contact Person			Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Flo	rida Dep	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y	☐\$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000032085	
(Document Number of	of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the corporation:	
A K A TRUSTED CONSULTANTS CORP	The new
ume must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )	2021 SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P 24 AM 8: 52
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(ELwish )	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	

# 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		<u> </u>
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5) Change		_		
Add				
Remove				
6) Change	_	_		
Add				
Remove				

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(if not applic	able, indicate N/A)	nament ii not con	tanea in the anic	Hankin Rochi		
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The date of each amendment(s) adoption: _ date this document was signed.	09/15/2021	, if other than the
date 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 block does document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
■ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting		
"The number of votes cast for the amo	endment(s) was/were sufficient for approva	ıl
by		
(ve	ting group)	
selected, by an inc	sident or other officer – if directors or officer or operator – if in the hands of a receiver, tr	
• •	y by that fiduciary)  Ale joy Lo de Arma  (Typed or printed name of person signing	<u>s</u>
	President	
	(Title of person signing)	