Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

((H23000340161.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

١	O	:	

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CA BOOKKEEPING AND PAYROLL SERVICES INC

Account Number : 120238000067 Phone : (786)992-1894 Fax Number : (786)364-1645

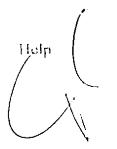
**Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please. **

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN CA BOOKKEEPING AND PAYROLL SERVICES INC

Certificate of Status	0
Certified Copy	U
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

{Name	of Corporation as currently	filed with the Florida Dept. of S	itale)	
P21000059667				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts	the following amendmen	t(s) to
A. If amending name, enter the new n	ame of the corporation:		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	"orp," "Inc." or "Co". A		abbreviation "Come"	ر در
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		7760 W 20TH AVE STE 7	P 2	بت دسته -
		HIALEAH, FL 33016	500	
			7 7 7	; []
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7760 W 20111 AVE STE 7	C: MM 10: 39	ı
		HIALEAII, FL 33016		
D. If amending the registered agent ar	attan and soul a 65 and the		the	
new registered agent and/or the new		ex in r toriga, enter the name of	the	
Name of New Registered Agent	N/A			
	$7760~\mathrm{W}~20\mathrm{TH}$ ave STE 7			
	tFlorida stre	et address:	<u></u>	
New Registered Office Address:	HIALEAH	, Flor	ida <u>33016</u>	
	11	Сиу	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of th	w position.	
	Signature of New Re	gistered Agent, if changing		
Check if applicable				

 \blacksquare 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)

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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address 2023 SEP
1) Change	NiA	N/A	
Add			
Remove			
2) Change			39
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A			
		_	
		_	
·			
		_	
			
	:	2 02	
		<u>3</u>	
		Ę	ر د د دعت
	= 1	2023 SEP 127	
			,,2.7
	<u></u>	AH IO:	G==
		0	-
		_3 9	
			
F. 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)			
N/A			
			
			
		_	
		_	
· · · · · · · · · · · · · · · · · · ·			

	(09/20/20/23	200 (1)	.1	
The date of each amendment(s) ado	ption:	II oine	er than	inc
date this document was signed.				
09.017	2023			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment tile date)		-	
	ten unit man se days after a section to the water			
Note: If the date inserted in this blo document's effective date on the Dep-	ak does not meet the applicable statutory filing requirements, this date wartment of State's records.	III not be le	sted as	; the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was were adoptaction was not required	ted by the incorporators, or board of directors without shareholder action a	nd sharebold	žet	
The amendment(s) was were adop by the shareholders was were suff	ted by the shareholders. The number of votes cast for the amendment(s) letent for approval			
The amendment(s) was/were appro- must be separately provided for a	oved by the shatcholders through voting groups. The following statement ach voting group entitled to vote separately on the amenament(s).	TAL.	2023 SEP 27 AM 10: 39	~~~~
	or the amendment(s) was were sufficient for approval	MALLAHASSEE	FP 2.	
n ₅	(колид ивар)	2		년 - 동 교문 학
	(voling group)	<u> </u>	=	
		(*) ·	=	
09/26/2023		-m :=	ب	-
Dated	and the state of t	<u> </u>	ယ္ခ	
Signature (4)	celle celle	•	Ψ	
(13y a dir selecibi.	ector, 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			
аррынге	d fiduciary by that fiduciary)			
i	ROSA D QUINTANA			
	(Typed or printed name of person againg)		-	
!	PRESIDENT			
	(Tule of person signing)			