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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		

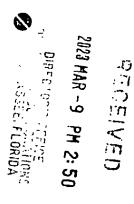
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A. RIVERS MAR - 9 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GREENFIELD ACCOUNTING INC
DOCUMENT NUMBER: <u>P23000019109</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MEULSSALHARLE Name of Contact Person
(NREENFIELD ACCOUNTING INC Firm/Company
9225 ULMERTON ROUNITH
LARGO, FLORIDA 33771 City/ State and Zip Code
MEULSSAHARUE® (NREENFIELDAC(OUNTING). (OVY E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 516 - 0000 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

to

GREENFIELD ACCOUNTING INC.			
(Name of Corporation as currently filed with the Florida Dept. o	f State)		
P2300001966			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopits Articles of Incorporation:	ots the following a	mendment(s	s)
A. If amending name, enter the new name of the corporation:			
	7	he new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation nam "chartered," "professional association," or the abbreviation "P.A."	the abbreviation	"Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27. 27. 27. 27. 27. 27.	2023 (1.5.02	- ;
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	of the	<u></u>	-:
Name of New Registered Agent MELLISSA HARLE 9944 W4TH WAY (Florida street address)			
New Registered Office Address: SEMINOLE (City)	Florida 337 (Zip Cod	de)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the signature of New Registered Agent, if changing	of the position.		

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u>/ Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VPS</u>	JACK (NREENFIELD	11458 HOTH AVEN
Add Remove			SEMINDLE, FL 33776
2) Change Add	VPS	MELLISSA HARIE	9944 GUTH WAY SEMINDLE, FL
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

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	ets, if necessary).	(De specific)			
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he date of each amendment(s) ad	option:	, if other than the
ate this document was signed.		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	le date)
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The feach voting group entitled to vote separately on the amount of the amount	
	of the amendment(s) was were sufficient for approvar	
by	(voting group)	
Dated3	19/23	
selected	region, president or other officer – if directors or officer l, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	Kathryn S Graham (Typed or printed name of person signing)	
	The President (Title of person signing)	