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SEGMITARITY STATE
INTERPRETATION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: TD Accounting &	Financial Corp.			
	ABER: P24000022594				
	es of Amendment and fee are su	ubmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Alexandria Trahan				
	Name of Contact Person				
	TD Accounting & Financial Corp.				
		Firm/ Company			
	2424 Arborwood Dr				
		Address			
Valrico, FL 33596					
		City/ State and Zip Cod	e		
_	alexvtrahan@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Alexandria Trahan		at (⁴⁰⁵	531-7915		
Name	e of Contact Person	Arca Code & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	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)		
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

to

TD Acounting & Financial Com

TD Acounting & Financial Corp.			
(<u>Name</u>	of Corporation as curren	tly filed with the Flo	rida Dept. of State)
P24000022594			
	(Document Number	of Corporation (if kno	own)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corp	pration adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
TD Accounting & Financial Corp.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corp	
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S		**************************************	2 %
			7 2 2
			30 US
C. Enter new mailing address, if appl	licable:		28 26 元
(Mailing address MAY BE A POST		N/A	
			55 E
			
			
D. If amending the registered agent an new registered agent and/or the ne			er the name of the
Name of New Registered Agent	N/A		
Tranc of the Regimered Agent		***************************************	
	(Florida s	treet address)	
	N/A	redi dilar dalay	
New Registered Office Address:		(City)	, Florida (Zip Code)
		(0.6)	(2)
New Registered Agent's Signature, if o			
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the c	hligations of the position.
	Signature of New I	Registered Agent, if cl	nunging
	<u>.</u>		
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)

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if necessity)	al Articles, enter change sary). (Be specific)	(s) here:		
I/A				
				·
	-			
·				
		-		
		·		
<u> </u>				
F. If an amendment provides for	an avehanga reclassifies	tion or cancellation of	f issued shares.	
provisions for implementing (he amendment if not cor	tained in the amendm	ent itself:	
(if not applicable, indicate	N/A)			
N/A				
			<u> </u>	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this darpartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment of the approval.	(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
8/8/2024 Dated		
	Esiando Thahan	
selecte	ifector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	rt
	Alexandria Trahan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	