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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JIM SNYDER PA			
DOCUMENT NUM	D2 10000401 10			
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	ERIC FOSTER			
		Name of Contact Person	1	
	DIMARCO & ASSOCIATES CPAS PA			
	·	Firm/ Company		
	220 PINE AVE N SUITE A			
		Address		
	OLDSMAR, FL 34677			
	<u> </u>	City/ State and Zip Code		
	JSSNYDER2@GMAIL.CO	М		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, plea		, 787-5290	
Name	of Contact Person	at (Area Co-) 787-5290 de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made			
■ \$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			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

01	
JIM SNYDER PA	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000060140	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
JAMES STANSBURY SNYDER II PA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or 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)	2, 0CT -2 1
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	(Inf) (inf)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>A</u> ddre <u>s</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			

ttach <i>additional</i>	dding additional Art sheets, if necessary).	(Be specific)				
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	-					
						
. <u>.</u>						
		·· — — —				
<u>f an amendment</u>	provides for an excl	iange, reclassificat	ion, or cancellat	ion of issued shar	res,	
<u>provisions for ir</u>	<u>uplementing the ame</u>	<u>ndment if not con</u>	tained in the am	endment itself:		
(if not applic	rable, indicate N/A)					
<u>.</u>		•				
				_		
			_			
	<u> </u>					

•

	, if other than the
date this document was signed.	
Effective date if applicable:	no more than 90 days after amendment file date)
(/	to more trum 40 days after amenament file date)
Note: If the date inserted in this block does not a document's effective date on the Department of States	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHEC	CK ONE)
The amendment(s) was/were adopted by the incaction was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) groval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	group)
(voting	group)
Dated 9/24/24 Signature James Snyde	
Signature James Snyde	r
(By a director, president	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court
JAMES SNYI	DER
(Ту	ped or printed name of person signing)
PRESIDENT	
(Tid	le of person signing)