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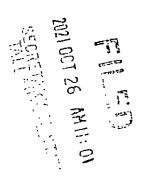
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: STEFANELLI AN	ID BATALLA, C.P.A., P.A	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MICHELE STEFANELLI				
		Name of Contact Persor	1		
	STEFANELLI AND BATALLA, C.P.A., P.A.				
		Firm/ Company			
	6865 N.W. 169 STREET, US	NIT E			
		Address			
	HIALEAH, FL 33015				
		City/ State and Zip Code	2		
	MICHELE@S-BCPA.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MICHELE STEFANI	ELLI	305 at (557-0303, EXT 101 de & Daytime Telephone Number		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	nrunent of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	hing Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

STEFANELLI AND BATALLA, C.P.A. P.A

2021 OCT 26 AM II: 0 i

(Name of Corp	oration as currently filed with the Florida	Dept: of State) > A COTATE
P95000038954		TALL
(E	Occument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
STEFANELLI AND ASSOCIATES, C.P.A., P.	١.	The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co". A professional corporation	ted" or the abbreviation "Corp.,"
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent		name of the
	(Florida street address)	
New Registered Office Address:		, Florida
New registered Office rathersis.	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		itions of the position.
	Signature of New Registered Agent, if change	 ;

☐ 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	$\overline{\text{b.l.}}$	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	o <u>nes</u>	
<u>X</u> Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
i) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	- 			
Add				
Remove				
				

If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Re specific)
MA	the speed of
M M	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
10/11	
-	

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	NOVEMBER 1, 2021	
The date of each amendate this document was s		, if other than the
Effective date if application	NOVEMBER 1, 2021	
Theetive date <u>mappines</u>	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this dat te on the Department of State's records.	e will not be listed as the
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)	
■ The amendment(s) w action was not require	as/were adopted by the incorporators, or board of directors without shareholder actic ed.	on and shareholder
	as/were adopted by the shareholders. The number of votes cast for the amendment(swas/were sufficient for approval.	3)
•	as/were approved by the shareholders through voting groups. The following stateme rovided for each voting group entitled to vote separately on the amendment(s):	भा
"The number of	f votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	10/22/21	
Signat	ure Mulela Hydanelli	
_	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	t.
	MICHELE STEFANELLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	