P940000048559

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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corpo	orations				
NAME OF CORPOR	RATION: LYNN CPA	GROUP PA			
DOCUMENT NUME	_{BER:} P9600004855	9			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	SUSAN MURRA	Y			
		Name of Contact Person	n		
SUSAN MURRAY CPA PA					
Firm/ Company					
	9161 NARCOOS	SEE ROAD STE	E 202		
		Address			
	ORLANDO FL 3	2827			
		City/ State and Zip Cod	e		
SU	SANMURRAY@F	PRINCECPAGR	OUP.COM		
		sed for future annual report			
			· .		
For further information	n concerning this matter, pleas	se call:			
SUSAN MURRAY		at (407	8238230 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	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mai	ling Address	Street	Address		

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

LYNN CPA GROUP PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000048559				
(Documen	t Number of Corporation	(if known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corp	poration adopts the following	ig amendmen
A. If amending name, enter the new na	me of the corporation:			
SUSAN MURRAY CPA F	PA			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A profession		
B. Enter new principal office address, (Principal office address <u>MUST BE A S.</u>				-
				_
				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
				_
				_
D. If amending the registered agent an new registered agent and/or the new			er the name of the	_
	SUSAN MURR			
Name of New Registered Agent	9161 NARCOO		E 202	
		treet address)		
New Registered Office Address:	ORLANDO	,	Elorida 32827	
<u>New Negisierea Office Address</u> .	(City	<i>'</i> /	_, Florida 32827 (Zip Code)	-
New Registered Agent's Signature, if cl			The second second	
I hereby accept the appointment as regist	ered agenj. Tam jamiliar	with and accept the	obligations of the position.	
	gnature of New Registered	Agent if changing		

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 <math>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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	SUSAN MURRAY LYNN	9161 NARCOOSSEE RD
Add			STE 202
Remove			ORLANDO, FL 32827
2) Change	Р	MARGARET SUSAN MURRAY	9161 NARCOOSSEE RD
Add			STE 202
Remove			ORLANDO FL 32827
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
∧dd			
Remove			
6) Change			
Add			
Remove			

	nending or adding additional A ch additional sheets, if necessary,	rticles, enter cha). (Be specific)	nge(s) nere:		
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lf an	amendment provides for an ex	change, reclassif	ication, or cancel	lation of issued sha	res,
pro	visions for implementing the ar (if not applicable, indicate N/A)	nendment if not	contained in the a	mendment itself:	
	(gpp,,				

The date of each amendment(s) adoption: AUGUST 1, 2014	_, if other than the
date this document was signed.	
Effective date if applicable: AUGUST 1, 2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_AUGUST 1, えの14	
Signature Municipal Signature	_
(By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
MARGARET SUSAN MURRAY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_