# P97000004689

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: JOHN SPILLANE	CPA PA			
DOCUMENT NUM	BER: P97000004689				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JOHN SPILLANE				
		Name of Contact Perso	on		
	SPILLANE ENTERPRISES	INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	10401 OAK MEADOW LN				
Address					
	LAKE WORTH FLORIDA	33449			
		City/ State and Zip Coo	le		
	johnspillane2@aol.com				
	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information	on concerning this matter, pleas		310-0180		
	of Contact Person	at (	ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment 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)		
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amen Divisi The C 2415	dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

## Articles of Amendment Articles of Incorporation of



JOHN SPILLANE CPA	. PA
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# (Name of Corporation as currently filed with the Florida Dept. of State) P97000004689 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SPILLANE ENTERPRISES INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 10401 OAK MEADOW LN B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LAKE WORTH FLORIDA 33449 C. Enter new mailing address, if applicable: 10401 OAK MEADOW LN (Mailing address MAY BE A POST OFFICE BOX) LAKE WORTH FLORIDA 33449 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Citv) 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 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)

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	PT	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		<del>-</del>
Add				
Remove				_ <del></del>
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add			_	
Remove				

	s, enter change(s) here: Be specific)
ARTICLE II, NATURE OF BUSINESS	
THIS CORPORATION MAY ENGAGE IN	N ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF
THE UNITED STATES AND THE STATE OF	F FLORIDA.
F. If an amendment provides for an exchange	ge, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	nent it not contained in the amendment risen.

	APRIL 25,2022	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	2022
by	(voting group)	ASIGNUE O
APRIL 25, 2	022	5777
DatedSignature	n B. Spillane	OF STATE
/ selected	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduction by that fiduciary)	7
	OHN P SPILLANE	
-	(Typed or printed name of person signing)	<del></del>
I	PRESIDENT	
-	(Title of person signing)	