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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: SERGIO DE VAR	ONA, CPA PA		
DOCUMENT NUMBER:	P99000105444			
The enclosed Articles of Am	<i>endment</i> and fee are su	bmitted for filing.		
Please return all corresponde	ence concerning this ma	tter to the following:		
SERC	JIO DE VARONA			
		Name of Contact Perso	n	
SERC	HO DE VARONA CPA	A PA		
		Firm/ Company		
2525	PONCE DE LEON BL	• •		
		Address		
CORA	AL GABLES, FL 33134	1		
		City/ State and Zip Cod	e	
DEVARON	JACPA@HOTMAIL.C	OM		
	-mail address: (to be us	sed for future annual report	notification)	
For further information conc SERGIO DE VARONA CP		305	448-9899	
Name of Con		at ()ode & Daytime Telephone	l Nimbor
Enclosed is a check for the fo			, ,	Number
■ \$35 Filing Fee	IS43.75 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)	
P.O. Box 6	nt Section f Corporations	Ameno Divisio Cliftor 2661 L	Address Idment Section on of Corporations in Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SERGIO DE VARONA, CPA, P.A.

(Name of Corporation as currently filed with the Florida Depi	t. of State)
P99000105444	
(Document Number of Corporation (if known)	1
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	dopts the following aniendment(s) to
A. If amending name, enter the new name of the corporation:	!
DE VARONA, CPA, P.A.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	rated" or the abbreviation
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)	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the nan new registered agent and/or the new registered office address:	ne of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligation	s of the position.
Signature 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 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>	Address	
1) Change		-		
Add				
Remove			<u> </u>	<u> </u>
2) Change				
Add			· 	
Remove			•	
3) Change			1	
Add				
Remove		•		
			į	
4) Change			_	
Add				
Remove				
5) Change				1
Add				
Remove				
			 -	•
6) Change		-		<u> </u>
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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	t
f an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself:	ares.
(if not applicable, indicate N/A)	
	1
	
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JANUARY 1ST, 2018	
The date of each amendment(s) adoption:	, if other than the
-	
JANUARY 1ST, 2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, a document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	1
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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	
by	1
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. 	
Dated 61/03/18	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
SERGIO DE VARONA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	