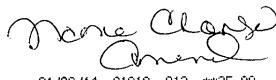
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TALL ARASSEE, FLORID

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Infeld Barr	C.P.A.'s, P.A.	
DOCUMENT NUM	_{BER:} s63920		
The enclosed Articles	of Amendment and tee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Karen W Barr		
		Name of Contact Person	n
	Infeld Barr Reiski	nd CPAs, PA	
		Firm/ Company	
	5011 S State Rd	7 Suite 107	
		Address	
	Davie, FL 33314		
		City/ State and Zip Cod	e
kar	en@ibcpa.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Karen Barr		at (954	, 616-1389
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Infeld Barr C.P.A.'s, P.A.

FILED

Intelu Barr C.P.A. S, P.A.	
(Name of Corporation as currently filed with the Flo	rida Dept. of Stale 14 JAN - 6 PM 4: 53
S63920	SECKLEARY OF STATE
(Document Number of Corporation (if l	(nown) TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fi its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
Infeld Barr Reiskind C.P.A.s, P.A.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida stree	t 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 wi Signature of New Registered Agent	
ingilation of item regimental ing	Erri, if Crimingaring

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>	Name	<u>Addres</u> s
(1) Change			
Add Remove			
2) Change			
Add			
Remove			#-1+1-0E-20
3) Change			
Remove			
4) Change			
Add Remove			
			<u> </u>
5) Change Add			
Remove			
6) Change			
Add			

·	(Be specific)

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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 1/1/2014 date this document was signed.	, if other than the
Effective date if applicable: 1/1/2014	
(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 1/2/14 Signature (A) W A	
(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)	_
Karen W Barr	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_

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