P07000119091

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Money Makeovers	& Financial Solutions,Inc			
DOCUMENT NUME	DA7000110001				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Kesha M Dawson Harris				
	Name of Contact Person				
	The Resilient Tax Group, Inc				
	Firm/ Company				
	10401 S Post Office Blvd #622246				
	Address				
	Orlando, Florida 32862				
		City/ State and Zip Code	e		
	info@moneymakeovers.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio Kesha M Dawson Har	n concerning this matter, pleading	407	283-2919		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:		
■ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED
2021 AUG 24 PM 12 17 (Name of Corporation as currently filed with the Florida Dept. of State)

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[Name of Corporation as currently filed with the Money Makeovers & Financial Solutions, Inc. P07000119091 (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:

THE RESILIENT TAX GROUP, INC		The new
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	." or "Co". A professional corporation	
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	i office address:	ume of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(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 obligations of the position.

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.

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
l) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

E. If amending or adding add (Attach additional sheets, if	fitional Articles, ente	er change(s) here:			
N/A	necessary). (Be spe	e que)			
IN/A					
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F. If an amendment provides provisions for implementi	for an exchange, rec	classification, or c	ancellation of issu	ed shares,	
(if not applicable, indic	<u>mg the amendment i</u> vate N/A)	n not contained in	tne amendment n	<u>iseii:</u>	
N/A					
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The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	September 1, 2021	
<u></u>	(no more than 90 days after amendment file da	tte)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shar	eholder action and shareholder
	re adopted by the shareholders. The number of votes east for the cere sufficient for approval.	amendment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendn	wing statement nent(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
SC	y a director, president or other officer – if directors or officers have lected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	re not been or other court
	Kesha M Dawson	
	(Typed or printed name of person signing)	<u></u> .
	PST	
	(Title of person signing)	