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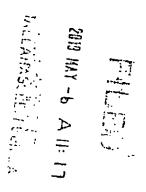
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TAX SOLUTION	S USA, INC		
DOCUMENT NUMI	BER:P19000013263			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ΜΑΥΑ ΚΑΤΑΥΑ			
		Name of Contact Persor	1	
	TAX SOLUTIONS USA, IN	c		
		Firm/ Company		
	5540 LYONS ROAD SUIT	TE 201		
		Address		
	COCONUT CREEK, FLORI	DA, 33073		
		City/ State and Zip Code	e	
Princ	ealex1@msn.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
MAYA KATAYA		561 at (900-5966	
Name	of Contact Person		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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address Amendment Section		
			sion of Corporations	
). Box 6327	Clifton	Building	
Tallahassee, Fl. 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAX SOLUTIONS USA, INC.

(N)		.1 60 1 1.1 .1 170 11	D (CC) () (D
(Name	of Corporation as curre	ently filed with the Florida 2013	Thebr or state
P19000013263			, , , , , , , , , , , , , , , , , , ,
	(Document Numbe	r of Corporation (if known)	MASSEC FLERLA
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	his <i>Florida Profit Corporat</i>	tion adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	-	
		N/A	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A professional co	acorporated" or the abbreviation
8. Enter new principal office address,	if annlicable:	5540 LYONS ROAL)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SUITE 201	
		COCONUT CREEK, FLORIDA, 33073	
		5540 LYONS ROAD	
		SUITE 201	
		COCONUT CREEK, FLORIDA, 33073	
If amending the registered agent ar new registered agent and/or the ne			e name of the
Name of New Registered Agent	MAYA KATAYA		
	5540 LYONS ROAD	540 LYONS ROAD SUITE 201	
	(Florida	street address)	
New Registered Office Address:	COCONUT CREEK		, 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 obligations 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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	MAYA KATAYA	5540 LYONS ROAD
Add			SUITE 201
Remove			COCONUT CREEK, FL. 33073
2) Change			
Add			
Remove			
3) Change			
Add			/
Remove			
4) Change		-	
Add			
Remove			
5) Change		- <u>/</u> `	
Add			
Remove			
6) Change		-	
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) l	here:
(Attach additional sheets, if necessary). (Be specific)	
	-
	
X	-
	
	
	
. If an amendment provides for an exchange, reclassification,	or cancellation of issued shares,
provisions for implementing the amendment if not contained	ed in the amendment itself:
(if not applicable, indicate N/A)	
	
\sim	_

The date of each amendr	ent(s) adoption:	05/01/2019 :		, if other than the
date this document was sig				
Effective date if applicab	05/01/2019 le:			
		(no more than 90	days after amendment file date)
Note: If the date inserted document's effective date	in this block do on the Departmen	es not meet the applical at of State's records.	ble statutory filing requirement	ts, this date will not be listed as the
Adoption of Amendment	(s)	(CHECK ONE)		
The amendment(s) was by the shareholders wa	were adopted by s/were sufficient	the shareholders. The n	umber of votes east for the ame	endment(s)
☐ The amendment(s) was must be separately pro	were approved by wided for each vo	y the shareholders through ting group entitled to vo	gh voting groups. The following te separately on the amendmen	ng statement nt(s):
"The number of v	otes cast for the a	mendment(s) was/were	sufficient for approval	
by	N	/A	. 	
		(voting group)		
☐ The amendment(s) was action was not required.	were adopted by	the board of directors w	thout shareholder action and sl	hareholder
The amendment(s) was action was not required.	were adopted by	the incorporators withou	t shareholder action and shareh	holder
0 Dated	5/01/2019			
Dateti	1			
Signatur				
	(By a director, p	resident or other officer	- if directors or officers have r	not been
	appointed fiduci	incorporator – if in the h iary by that fiduciary)	ands of a receiver, trustee, or o	other court
	MAYA	KATAYA		
		(Typed or printed nar	ne of person signing)	
	PRESID	ENT		
		(Title of :	Derson signing)	