## P00000091591

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S. PRATHEF

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LANTIGUA TAX	SERVICE, INC			
	BER:				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	LUCY PAULINO				
		Name of Contact Person	1		
	LANTIGUA TAX SERVICE, INC				
		Firm/ Company			
	2290 NW 28th ST Ste E	Time Company			
		Address			
	MIAMI FL 33143				
		City/ State and Zip Cod	2		
	LANTIGUATAX01@GMAI	L.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	in concerning this matter, pleas	se call:			
LUCY PAULINO		305	638-8377		
Name	of Contact Person	Area Co	) 638-8377 de & Daytime Telephone Number		
linclosed is a check for	or the following amount made				
S35 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 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 to Articles of Incorporation of

LANTIGUA TAX SERVICE, INC		
(Name of Corpora	ation as currently filed with the Florida D	ept. of State)
20000091591		
(Doc	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporation</i>	adopts the following amendment(s)
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the word ' Inc.,'' or Co.,'' or the designation "Corp," "Ind chartered," "professional association," or the abb	c." or "Co". A professional cornaration	l" or the abbreviation "Corp"  name must contain the word
. Enter new principal office address, if applicab	ole:	
Principal office address <u>MUST BE A STREET AL</u>	ODRESS )	
Unter new molling address 10 at 11		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the n	ame of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
		<del></del>
	(Florida strect address)	<del>_</del>
Y . n		
New Registered Office Address:	(City)	, Florida
	$\langle \langle u_i \rangle \rangle$	(Zip Code)
ew Registered Agent's Signature, if changing Re	erictarud Agont.	
nereby accept the appointment as registered agent.	I am familiar with and accept the obligation	ons of the position
		···· ··· promon.
Sign	nature 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)

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)	Title	Name	<u>Addres</u> s			
1) Change	VP	CRISTIAN MERCEDES	2290 NW 28TH ST			
Add			STE E			
X Remove			MIAMI, FL 33142			
2) Change	-					
Add						
Remove 3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove			<del></del> -			
5) Change						
Add						
Remove						
6) Change						
Add			<del></del>			
Remove						

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				<del></del> -
an amendment provides for an exc	hange, reclassific	cation, or cancella	ion of issued sha	res,
provisions for implementing the am	<u>endment if not co</u>	ontained in the am	endment itself:	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 107/2023  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory liling requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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):	5.659 ;
"The number of votes east for the amendment(s) was/were sufficient for approval	2022 1 3. 14
by	
Dated	-7 -7 -7
(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)	
LUCY PAULINO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	