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(Ac	ldress)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: BVL INC	OME TAX & ACCTING SE	ERVICE, INC.
DOCUMENT NUI	MBER:	P02000053207	
The enclosed Articl	es of Amendment and fee ar	e submitted for filing.	·
Please return all cor	respondence concerning this	s matter to the following:	·
, 	Ol	RLANDO PEREZ	
	Na Na	ame of Contact Person	
	BVL INCOME TA	XX & ACCTING SERVICE, INC	D .
	•	Firm/ Company	
	•		
-	108 BU	ENAVENTURA BLVD	
	;	Address	
	KISS	SIMMEE, FL. 34743	
_	Ci	ty/ State and Zip Code	<u>`</u>
\$ P			
	E-mail address: (to be used	METAX@AOL.COM I for future annual report notification)	·
		•	
For further information	tion concerning this matter, I	please call:	
OR	LANDO PEREZ	at (407) · 34	14-7464
Name o	of Contact Person	at (407) 34 Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depart	ment 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 Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	

Articles of Amendment to Articles of Incorporation

F	ILED
ALLAHASSE	COF STATE

BYL: INCOME TAX & ACCTING SERVICE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000053207

(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:

me must be distinguishable	and contain the	word "corporation," "compa ignation "Corp," "Inc," or "C	The my," or "incorporated" or
me must contain the word "ch	artered," "professi	ignation Corp, Inc, or C ional association," or the abbr	eviation "P.A."
Enter new principal office a	iddress if annlical	hla:	
rincipal office address MUST			
***	· .		
Enter new mailing address		D OXE	
	L POST.OFFICE I	R/NY)	
(Mailing dauress <u>MAY BE A</u>	; ;	<u></u>	
(Mailing dauress <u>MAY BE A</u>	·.	<u></u>	· ·
(Mailing dadress <u>MAY BE A</u>	,		
	<i>3.</i> *		
If amending the registered	agent and/or regis	tered office address in Florid	a, enter the name of the
If amending the registered	agent and/or regis	tered office address in Florid	a, enter the name of the
If amending the registered	agent and/or regis r the new registere	tered office address in Florid	a, enter the name of the
new registered agent and/or	agent and/or regis r the new registere	tered office address in Florid	a, enter the name of the
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If amending the registered and/or	agent and/or regis r the new registere Agent	tered office address in Florid	a, enter the name of the
If amending the registered new registered agent and/or Name of New Registered	agent and/or regis r the new registere Agent	tered office address in Florided office address: (Florida street address)	, Florida
If amending the registered new registered agent and/or Name of New Registered	agent and/or regis r the new registere Agent	tered office address in Florided office address:	· · ·
If amending the registered new registered agent and/or Name of New Registered	agent and/or registered the new registered Agent.	(City)	, Florida

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
/P_	PABLO QUEVEDO	5152 LAKE HOWELL RD WINTER PARK, FL. 32792	_ ☑ Add _ ☐ Remove
<u>VP</u>	ANATILDE STALEY	5152 LAKE HOWELL RD WINTER PARK, FL 32792	_ □ Add _ ☑ Remove
T	ORLAND PEREZ	SAME	- _ □ Add -
<u>VP</u>	PAOLA A. QUEVEDO	5152 Lake Howell Winter Pakk, Fl 34743	Remove Add
	nding or adding additional Articles, en additional sheets, if necessary), (Be sp		÷
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provi	amendment provides for an exchange, sions for implementing the amendment not applicable, indicate, N/A)		
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The date of each amendmen	t(s) adoption: 08/10/2009
Effective date if applicable:	08/10/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	, y, ·
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated Signature	8/10/09 20/09
sel	y a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ORLANDO PEREZ
	(Typed or printed name of person signing)
	INCORPORATOR/PRESIDENT
•	(Title of person signing)