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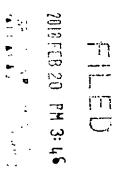
(R	equestor's Name)		
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(C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL.	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corpo			_
NAME OF CORPOR	ATION: Batt	aslia I	nsurance Group, Inc.
DOCUMENT NUMB	er: P020	000 95 02	24
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Brenda	L. Batt	1-15/1a
	BATTAG	L. Bah Name of Contact Person LIA	
-	250 Co,	Firm/Company rey Ave	#66436 FL 33736
	St. Per	Address Lersburg	, FL 33736
	Brenda	City/ State and Zip Code BaHa ed for future annual report	gliatax.com
	concerning this matter, please	_	
Brend	a L. BaH	35/13, 72	7, 488 8067
Name o	l'Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clitton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of incorporation	
BATTAGLIA INSURANCE GROUP, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	α
P02000095024	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(state)	
its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation: BATTAGLIA TAX GROUP, FNC. The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the	1
word "chartered," "professional association," or the abbreviation "P.A." Same address: 250 Core #-66436 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y me
B. Enter new principal office address, if applicable:	es bura
(Principal office address MUST BE A STREET ADDRESS)	enchic
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	337 ₃₆
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
$\supset \alpha'$	
(Florida street address)	
(т котаа мгеен аштем)	
New Registered Office Address: Florida	
(City) (Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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.

Example: X Change	PT	John Doc		
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>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add			/n .	/
Remove				
4) Change	,	(~ W)	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			-	
Add				
Remove				

	sary). (Be specific)			
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an amendment provides for a	n exchange, reclassific	cation, or cancellat	ion of issued shares,	
provisions for implementing th	ie amendment if not co	intained in the am	endment itself:	
(if not applicable, indicate N	V/A)			
<u>,</u>				
	<u> </u>			
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The date of each amendment(s) adoption: $Feb.14$, 20.18 , if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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
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 Feb, 142018
Signature (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) Break C. Batta C. (Typed or printed name of person signing)
- President