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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations NAME OF CORPORATION: ADAM TAS PA DOCUMENT NUMBER: P02000123769 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PABLO A RODRIGUEZ Name of Contact Person **BEST QUICK TAX RETURNS** Firm/Company 320 S BUMBY AVE . SUITE 10 Address ORLANDO FL 32803 City/ State and Zip Code BQITR@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 896-7921 Area Code & Daytime Telephone Number PABLO A RODRIGUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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17	MAR	-5	FH	3:	03

ADAM TAS PA

	The state of the s
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P022000123769	
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	342 S HAMDEN DR
Principal office address <u>MUST BE A STREET ADDRESS</u>)	CLEARWATER BEACH
	FLORIDA 33767
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	342 S HAMDEN DR
(maning dances MAI DEM 1 001 01 1100 DOM)	CLEARWATER BEACH
	FLORIDA 33767
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	street address)
	LEARWATER BEACH Florida 33767
New Registered Office Address: 342 S HAMDEN DR CL	, r torida

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.

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
1) X Change	P	ADAM TAS	342 HAMDEN DR
Add			CLEARWATER BEACH
Remove			FL 33767
2) X Change	V	SEBASTIAN TAS	342 HAMDEN DR
Add	•		CLEARWATER BEACH
Remove			FL 33767
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
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6) Change			
Add			
Remove			

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provisions for implementing the amer	ange, reclassific	cation, or car ontained in th	cellation of	issued sha ent itself:	res.
an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassific adment if not co	cation, or car ontained in th	cellation of e amendme	issued sha ent itself:	res,
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The date of each amendment(s) a	doption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 03/03/	2017
Signature	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ADAM TAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)