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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAYA AZTECA INCOME TAX SAZVICES
DOCUMENT NUMBER: <u>P03 0000 68 5 9 4</u> OF 1713 M
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SILIS SENCION Name of Contact Person MAYA AD TECH INCOMETRY SER VICES OF ME Firm/ Company Address
AVE WONDY F. 33460 City/ State and Zip Code
MAYA AZTEGAS EV2 VICES PAYANGO. COCC E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SILIS SENCYON at (56/) 580 1030 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MAYA AZTECA INCOMETAXSAZ VICES OF MAMBORILIN
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS)
F/: 33460
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3/9 NODTH DIXIE HWY AKE WONTH FJ.
33460
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 5/4/5 SENGON
3/9 NODA DIXIE HVÝ
New Registered Office Address: LAKE WONTH, Florida 33460 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I ap familiar with and accept the obligations of the position.
The congulations of the positions of the position of the positions of the position of the positions of the position of the positions of the position of the positions of the position of the positions of the position of the position of the positi
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	<u> 14</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>	Name	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	-		
Remove			
1) Change			
4) Change			
Add Remove			_
Kemove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	 	 _
 		
•	-	
If an amendment provides for an exch	ango roclassificati	ian ar cancellation of issued charas
provisions for implementing the amer	ange, rectassification	ained in the amendment itself:
(if not applicable, indicate N/A)	-	
	·	
•		-

The date of each amendment(s) add date this document was signed.	pption:	G/20/19	, if other than the
Effective date if applicable:	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep		cable statutory filing requirements, the	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The ficient for approval.	number of votes cast for the amenda	nent(s)
☐ The amendment(s) was/were appr must be separately provided for e		ough voting groups. The following st vote separately on the amendment(s)	
"The number of votes cast for	or the amendment(s) was/wer	e sufficient for approval	
by	(voting group)	, , ,	
<u> </u>	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	nted by the board of directors	without shareholder action and share	pholder
selected	ector, president or other office, by an incorporator – if in the diduciary by that fiduciary)	rer – if directors or officers have not e hands of a receiver, trustee, or othe	been r court
	(1 yped or printed i	name of person signing)	
	11		

(Title of person signing)