## P04000 067 419

(Requestor's Name)	
(Address)	2003
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	V3/30/
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	A d





200335147512

89/30/19-+0188--819 \*\*49.75

2019 - 1 27 9:14

A MUNC OCT 1 5 2019

OCT 1 5 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: DRAPHY TAX SI	ERVICES INC.	
DOCUMENT NUM	DO 10000 C 7.110		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	DEMETRIUS RAPHAEL		
		Name of Contact Perso	n
	DRAPHY TAX SERVICES	INC.	
		Firm/ Company	<del></del>
	1150 NW 184 DR		
		Address	
	MIAMI FL 33169		
		City/ State and Zip Cod	e
DE	METRIUSRAPHAEL@HOTM	IAIL.COM	
	•	sed for future annual report	notification)
	`	·	,
For further informat	ion concerning this matter, pleas	se call:	
DEMETRIUS RAP	HAEL	305	525-9195
	e of Contact Person	at ( 305 Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
	ailing Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327			on of Corporations Building
Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DRAPHY TAX SERVICES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P04000067419 (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: A. If amending name, enter the new name of the corporation: DRAPHY FAMILY ENTERPRISES INC 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." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: \_, Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am 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: XChange	<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) Change	S	LIZETTE RAPHAEL-ARISTILDE	1150 NW 184 DR
X Add			MIAMI FL 33169
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary). (	es, enter change(s) here: (Be specific)	
N/A		
<u> </u>		
		- · ·-
		<u> </u>
		<del></del> -
<del></del>		<del></del>
F. If an amendment provides for an exchan	ige, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
N/A		
		_

The date of each amendment(s) a date this document was signed.	adoption:, if other than the
10	/01/2019
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
09/26/20	19
DatedSignature	0+ H/
(By a	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	DEMETRIUS RAPHAEL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)