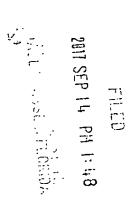
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CIOS/8017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LCG TAXSH	OP INC
DOCUMENT NUMBER: P05000004142	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
STEVE C LEWIS	
LCG TAXSHOP INC	Name of Contact Person
10825B NW 27 AVENU	Firm/ Company JE
MIAMI, FL. 33167	Address
	City/ State and Zip Code
LCGTAXSHOP@ATT.NET	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	 please call: 
STEVE C LEWIS	at ( 305 ) 769-9333
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	 nade payable to the Florida Department of State: 
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of State	
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

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LCG TAXSHOP INC	to a
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P05000004142	<b>`</b> .3
(Doc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new vord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applical	
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS )
C. Enter new mailing address, if applicable:   (Mailing address MAY BE A POST OFFICE I	<u> </u>
D. If amending the registered agent and/or regis	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent	
<u> </u>	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:
I hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing

11	
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 ad	ded:

(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

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>PT</u>	John_Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith	1			
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u> </u> <u>η</u> <u>e</u> 		<u>Addres</u> s	
1) Change	PRES	AN	  NETTE LEWIS 		10825 NW 27 AVENUE	
Add					MIAMI, FL. 33167	
X Remove						
2) Change	PRES	ST	 EVE C LEWIS		10825B NW 27 AVENUE	
X Add					MIAMI, FL. 33167	
Remove				,		
3) Change	TREA	CA -	RLA LEWIS	<del></del> .	10825 NW 27 AVENUE	
Add			!	-	MIAMI, FL. 33167	
X Remove						
4) Change		_	; 1 			
Add						
Remove			  -  -			
5) Change		_				
Add				-		
Remove						
6) Change						
Add						
Remove		li				

E. If amending or adding additional Articles	anter change(c) hare:
(Attach additional sheets, if necessary). (I	Be specific)
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nrovisions for implementing the amendr	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	
<del></del>	<u> </u>
/	
/	
/	

	07/2017	, if other than the
The date of each amendment(s) adoption: date:this document was signed.		, if other than the
Effective date if applicable:		
Effective date <u>frappinenne</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	meet the applicable statutory filing requirements, this date will no state's records.	ot be listed as the
Adoption of Amendment(s) (CH	II BCK ONE)	
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	hareholders. The number of votes east for the amendment(s) proval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	 dment(s) was/were sufficient for approval 	
by	<u> </u>	
(vot	ng group)	
The amendment(s) was/were adopted by the laction was not required.	opard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the i	ncorporators without shareholder action and shareholder	
09/05/2017 Dated		
House	Carre	
Signature(By a director, presi	dent or other officer – if directors or officers have not been	
	rporator – if in the hands of a receiver, trustee, or other court	
STEVE C L	EWIS	
	llyped or printed name of person signing)	<del></del>
PRESIDEN	T	
	(Title of person signing)	
	]	