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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TAX LINK, INC.		
DOCUMENT NUM	BER: P06000073749		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	STEPHEN J. SMITH		
		Name of Contact Person	1
		Firm/ Company	
	PO BOX 50122		
		Address	
	JAX BEACH, FLORIDA 32.	240	
		City/ State and Zip Cod	2
	STEPHEN1040@GMAIL.C	OM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
STEPHEN J. SMITE	I.	at (⁹⁰⁴	, 422-5679
Name of Contact Person		Area Co	_) 422-5679 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

TAX LINK, INC.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P06000073749	
(Document Number o	l'Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
JAXTAX ACCOUNTING AND FINANCIAL SERVICES, INC.	The new
name must be distinguishable and contain the word "corporation," ". "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7021 Tr
(Principal office address MUST BE A STREET ADDRESS)	
	SO B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	the area of the second
maining and the second	77 FT
	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida su	ect address)
New Registered Office Address:	, Florida
Her rigginer of the ranges.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Signature of New R	egistered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

(Anach 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>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			 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change			 	
Add				
Remove			<u> </u>	
4) Change			 	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			 	
Add				
Remove				

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)		, if necessary). (Be spec	· ·			
rovisions for implementing the amendment if not contained in the amendment itself:	Change: From Tax Li	ink, Inc to JAX TAX ACC	COUNTING AND F	INANCIAL SERVI	CES. INC.	
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provisions for implementing the amendment if not contained in the amendment itself:						
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)						
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	U10/2021	
Effective date if applicable:	/18/2021	
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing. Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cas sufficient for approval.	t for the amendment(s)
	pproved by the shareholders through voting groups. or each voting group emitled to vote separately on the	
"The number of votes ca	st for the amendment(s) was/were sufficient for appro	oval
by		"
	(voting group)	
10/18/20: Dated	21	
Signature		-
selec	director, president or other officer – if directors or of ted, by an incorporator – if in the hands of a receiver, inted fiduciary by that fiduciary)	
	STEPHEN J. SMITH	
	(Typed or printed name of person signif	ag)
	PRESIDENT	
	(Title of person signing)	