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COVER LETTER

TO: Amendment Section
Division of Corporations



NAME OF CORPOR	RATION: 1 & T SUNSHINE	INC	
DOCUMENT NUME	P06000120120		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	YUDERCA M BARBERA		
		Name of Contact Perso	n
BUSINESS PLUS TAX SOLUTIONS INC			
	5250 COLDEN CATE DE U	Firm/ Company	
	5258 GOLDEN GATE PKW		
		Address	
	NAPLES, FL 34116		
		City/ State and Zip Cod	c
	yudy@accountingplusmore.c	com	
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plca	se call:	
YUDY M BARBERA		at (239	643-9968
Name of Contact Person			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)	S52.50 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 to Articles of Incorporation of

FILED

I & T SUNSHINE INC				Les Les
(Name	of Corporation as currently	filed with the Florida De	nt. of State AUG 25	AH 10: 50
P06000129129			(No. 1)	
	(Document Number of	Corporation (if known)	- 10 a. 15	LE STATE
			· · · · · · · · · · · · · · · · · · ·	1322. [-]
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this <i>F</i>	Iorida Profit Corporation	adopts the following ar	nendment(s)
A. If amending name, enter the new r	name of the corporation:			
			TH	ie new
name must he distinguishahle and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbreviation "	Corn "
3. Enter new principal office address. Principal office address <u>MUST BE A.S</u>				
			-	
. Enter new mailing address, if app	licable:			
(Mailing address MAY BE A POST				
			_	
				
				
). If amending the registered agent a	nd/or registered office addre	ss in Florida, enter the na	ime of the	
new registered agent and/or the ne				
Name of New Registered Agent	CLAUDIO A ROJAS			
	6750 DANIELS RD		-	
	(Florida stree	t nddress)		
	NAPLES	· uuu- çooy	34109	
New Registered Office Address:		Zitv)	_, Florida	.)
	(4	му)	(Zip Code	,
New Registered Agent's Signature, if c	hanging Registered Agent.			
hereby accept the appointment as regis.	tered agent. A am familiar wi	th and accept the obligation	ns of the position.	
	Sand: A	lu .		
	Signature of New Room	istered from if changing		
	OR MAINTE OF THE WAR	Linear Age m, y chunging		

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:

(Attach additional sheets, if necessary)

Example:

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 Doc		
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	P	CLAUDIO A ROJAS	6750 DANIELS RD	
X Add			NAPLES, FL 34109	
Remove				
2) X Change	VP	RAUL A PEREZ	6750 DANIELS RD	
Add			NAPLES, FL 34109	
Remove 3) Change	VP	GABRIELA A PEREZ	2527 LINWOOD AVENUE	
Add			NAPLES, FL 34112	
X Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove			•	
6) Change		_		
Add				
Remove				

	ing additional Arti eets, if necessary).	(Be specific)			
		 			
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an amendment pr	ovides for an exch	ange, reclassificat	tion, or cancellati	on of issued share	<u>.s.</u>
<u>provisions for impl</u>	ementing the amer	<u>ndment if not con</u>	tained in the ame	ndment itself:	
416	le, indicate N/A)				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the i action was not required.	ncorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) pproval.
	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	
(votii	ng group)
selected, by an incor	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiduciary)
RAUL A PE	REZ
Γ)	yped or printed name of person signing)
V PRESIDE	NT
	itle of person signing)