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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MM CONTINENT	ALSERVICES INC		
DOCUMENT NUME	BER: P07000016553			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	JASMINE RODRIGUEZ			
		Name of Contact Person	1	
	BEST QUICK TAX RETUR	NS, INC.		
		Firm/ Company		
	320 S BUMBY AVE STE 10)		
•		Address		
	ORLANDO FL 32803			
•		City/ State and Zip Code	:	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JASMINE RODRIGU	F.7.	.407	896-7921	
	f Contact Person	at ()de & Daytime Telephone Number	
			•	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
S35 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)	
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

MM CONTINENTAL SERVICES INC

(Name of Corpora	ation as currently filed	l with the Florida D	Dept. of State)	
P07000016553				
(Doc	ument Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florid</i>	la Profit Corporatio	n adopts the following	g amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the second contains and the second contains a se	rp," "Inc," or "Co".	A professional corp	orporated" or the all poration name must o	bbreviation contain the
B. Enter new principal office address, if applical	ole:			
(Principal office address MUST BE A STREET AL	DDRESS)			
		<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>			
			······································	
		_	<u> </u>	
D. If amending the registered agent and/or regist	tered office address in	Florida, enter the	name of the	19 A
new registered agent and/or the new registere				ज्ञ ा
Name of New Registered Agent			785 185	= = =
				<u> </u>
	(Florida street ado	tress)	<u>- 년(6 1</u> 유학 5	
Non Barriston J. Office Address			Floridas C	ָס ט
New Registered Office Address:	(City)	<u> </u>	, Florida> (Zip (Code)
	, ,,		,-,·	,
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered agent	'. I am familiar with ar	nd accept the obligat	tions of the position.	
Si	gnature of New Registe	red Agent, if changi		•

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chang 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	VP	FRANKIE LEBRON LOPEZ	7701 DELPHIA ST
XAdd			ORLANDO FL 32807
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			9 AUG
Remove			ASSET TO THE STATE OF THE STATE
4) Change			
Add			** 33 *********************************
Remove			······
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

TALL HAS SECURITY AND	amending or adding additional Article tach additional sheets, if necessary). ((Be specific)					
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rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	an amendment provides for an exchan	ige, reclassifi	cation, or ca	ncellation of	issued shares.	C	<u></u>
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	19 AUG
Dated	19
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JUAN MALLQUI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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