P07000115137

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Amend

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COVER LETTER

' TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations TAXES & ACCOUNITING SOLUTIONS CORP NAME OF CORPORATION: P07000115137 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA t AZEREDO (Name of Contact Person) TAXES & ACCOUTNIG SOLUTIONS CORP (Firm/ Company) 9300 NW 25 ST # 109 (Address) **DORAL FL 33172** (City/ State and Zip Code) MAZEREDO@TASMIAMI.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA T AZEREDO 418-1585 (Name of Contact Person) (Arca Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TAXES	& A	.CCO1	JNTING	SOL.	ш	TONS	CORP

(Name of Corporation	as currently filed	with the Florida Dept. o	of State)
P01000115137			
· (Docu	nent Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>F</i>	lorida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		"incorporated" or the ab	The new breviation "Corp." or "Inc."
B. Enter new principal office address, if applica	9300 N	W 25 TH ST # 109	
(Principal office address MUST BE A STREET A	DDRESS) DORA	L FL 33172	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		IW 25 TH ST # 109	
		L FL 33172	* ; O
			- PH
D. If amending the registered agent and/or regineew registered agent and/or the new register		ss in Florida, enter the 1	name of the
Name of New Registered Agent:		EDO	
	9975 NW 46TH S	T # 302	
New Registered Office Address:		(Florida street ad	ldress)
	DORAL		, Florida <u>33172</u>
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	at. I am familiar wi A TOTO	Speed:	
	/ Signature	of New Registered Agent,	if changing

Page 1 of 4

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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith				
Type of Action (Check One)	Title	<u>Nan</u>	<u>ne</u>		<u>Addres</u> s	
1) Change	P	MA	RIA T AZEREDO		9975 NW 46TH ST # 302	
X Add					DORAL FL 33172	
Remove						
2) Change	PD	MA	RIA AND AZEREDO		8249 NW 36TH ST	
Add					SUITE 120-A	
X Remove					DORAL FL 33166	
3) Change						
Add					TEX	
Remove						_
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
0 6						
6) Change		_		<u> </u>		_
Add						_
Remove						

If amending or adding additional (attach additional sheets, if necessary)	ry). (Be specific)			
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		<u> </u>		
				
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				•

	date of each amendment(s) ado this document was signed.	ption: <u>April (4, 7016</u>	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date	ej
	e: If the date inserted in this block ument's effective date on the Department.	c does not meet the applicable statutory filing requires artment of State's records.	ments, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
X	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for	r the amendment(s)
	There are no members or member adopted by the board of director	rs entitled to vote on the amendment(s). The amendn s.	nent(s) was/were
	Dated	il 6 2016	
	have not been	nan or vice chairman of the board, president or other of selected, by an incorporator – if in the hands of a recopointed fiduciary by that fiduciary)	officer-if directors eriver, trustee, or
		Havia J. AZEREDO (Typed or printed name of person signing)	ng)
		(Title of person signing)	