# P09000000593

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#### **COVER LETTER**

TO: Amendment Section Division of Corpo	rations
NAME OF CORPOR	ATION: WF Taxes & More inc ER: <u>P09000000593</u>
DOCUMENT NUMB	er: P09000000593
The enclosed Articles of	f Amendment and fee are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
_	Walter Yomez
_	WF taxes & More Inc
_	508 Sw Pat St Juge Blud
<u>-</u>	Poit St Sucre FL 34953
	erty/ blate and 2/p Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information	concerping this matter, please call:
walter	FContact Person at (772) 354 305 3  Area Code & Daytime Telephone Number
Name of	Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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

Articles of Incorporation



15 JUL 31 PM 1:49 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 <math>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)  1) Change Add	Title	Name Oscar A. Izquia do Rosa	Address  9262 milhigan (ir Poit St Jurie Fl 34986.
Remove  2) Change     Add     Remove  3 ) Change     Add			
Remove  4) Change    Add    Remove			
5) Change Add Remove			
6) Change Add			

	<mark>ling or adding add</mark> dditional sheets, if r	necessary) (Be	specific)	<u>nere</u> :		
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						····
<u>provisi</u> e	nendment provides ons for implementi not applicable, indic	ing the amendme	, reclassificatio ent if not contai	n, or cancellation	n of issued shares Iment itself:	<b>1</b>

The date of each amendment(s) adoption: 7/27/2015  Gate this document was signed.
Effective date if applicable:  7/30/2015  (no more than 90 days after amendment file date) 15 JUL 31 PH 1: 49
(no more than 20 days after amenament fue date) to 002 1.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ 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)
(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.
Dated 7/27/2015 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)
Walter tomes
(Typed or printed name of person signing)
President.
(Title of person signing)