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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: GSM & JA TAX S	SERVICES INC		
	BER:			
The enclosed Articles	s of Amendment and fee are so	ibmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Ramon Gamez			
		Name of Contact Person	1	
	-	Firm/ Company		
	2156 Santa Barbara Blvd	,		
		Address	· · · · · · · · · · · · · · · · · · ·	
	Naples, FL34116			
		City/ State and Zip Cod	e	
	gamez@cubazulaircharter.co	em		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea	se call:		
Ramon Gamez		239 at (	963-4246	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		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

GSM & JA TAX SERVICES, INC

2021 OCT 18 AH 10: 23

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  GSM TAX & INSURANCE INC  The new 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	
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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	
tFlorida street address)	
New Registered Office Address:, Florida,	
(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	
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)

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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Sn	mith			
Type of Action (Check One)	<u>Title</u>		Name			Address
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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)		ial sheets, if necessary).	(Be specific)			
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	10/14/2021	
The date of each amendment(s) addate this document was signed.	loption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	e amendment(s)
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	(voting group)	
10/14/2021 Dated	( all a second s	
selected	Ector /president or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	RAMON GAMEZ	
•	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
-	(Title of person signing)	