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SECRETY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: TAX & GENERAL	L SERVICES, INC			
DOCUMENT NU	MBER: P09000061812	-			
	les of Amendment and fee are su	bmitted for filing.			
Please return all cor	rrespondence concerning this ma	tter to the following:			
	CARMEN BUELVAS				
Name of Contact Person					
TAX & GENERAL SERVICES, INC					
Firm/ Company					
840 SW 4TH ST . SUITE 4					
Address					
CAPE CORAL, FL 33991					
	City/ State and Zip Code				
taxgeneral2010@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)	Ø	
For further informa	tion concerning this matter, pleas			ECRI TALI	2623 APR 26
CARMEN BUELVAS		at (645-2203	_蒸乳	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	台至	27) 21)
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;	ETRAK OF STATE LAHASSEE, FL	9: 53 53
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	rri	w.
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

TAX & GENERAL SERVICES INC.

TAX & GENERAL SERVICES, INC		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	_
P09000061812		
(Document Number of	of Corporation (if known)	—
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	Ñ/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	18/74	
D 16	SE SE	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent	RETAR 2	
stane of New Negistered Agent	A 26 AI	
(Florida str	root address:	
	က္က မွ	
New Registered Office Address:	. Florida IN	
	• •	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar was a significant to the control of the	<u>t:</u> with and accept the obligations of the position.	
	,	
Signatura of Vino B	Registered Agent, if changing	
Signature of New K	regimered agent, y 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)

Remove

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.

PT	John Doe		
\underline{V}	Mike Jones		
<u>sv</u>	Sally Smith		
Title	<u>Name</u>	Address	
T	JOSE MARIA FIGUEROA	840 SW 4TH ST , SUITE 4	
		CAPE CORAL, FL 33991	
S	LINA C GUARDO ZABALETA	840 SW 4TH ST . SUITE 4	
		CAPE CORAL, FL 33991	
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			2023 APR 26
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	_	- 美美	5 I
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			53 53
	_		7
	V SV Title T	V Mike Jones SV Sally Smith Title Name T JOSE MARIA FIGUEROA	Y Mike Jones SV Sally Smith Title Name Address T JOSE MARIA FIGUEROA 840 SW 4TH ST. SUITE 4 CAPE CORAL. FL 33991 S LINA C GUARDO ZABALETA 840 SW 4TH ST. SUITE 4 CAPE CORAL. FL 33991

4/20/2023	
The date of each amendment(s) adoption:	han the
Effective date if applicable: 4/20/203	
(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 will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ 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)	
4/20/2023	
Dated	
Signature	
by a director, president or other officer – if directors or officers have not been telected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CARMEN BUELVAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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2023 APR 26 AH 9: 53
SECRETARY OF STATE
TALLAHASSEE, FL