P10 0000 33308

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Au	uicssj	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(4-2	-	-,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
C- anial (materialism to)		
Special Instructions to I	Filing Officer:	
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ROYSTE ADIOCAL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SG TAX WISE CO)RP	
	1BER: P10000033308		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	SANDRA GONZALEZ		
	SG TAX WISE CORP	Name of Contact Person	1
		Firm/ Company	
	119 HAMILTON TERRACE	• •	
		Address	_
	WELLINGTON, FL 33414		
		City/ State and Zip Cod	e
	SGTAXSERVICES@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat SANDRA GONZA	ion concerning this matter, pleas LEZ	se call:at (\$435495
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee Certificate of Status
	Commence of Samus	(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

CC	TA	ν.	W	ISE	cc	D I)

(Name of Corporation as curren	ly filed with the Florida Dept. of State)	
10000033308		
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amo	endme
. If amending name, enter the new name of the corporation:		
G ELITE TAX CORP	Th.	44.15.1
ame 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.	'company," or "incorporated" or the abbreviation "C A professional corporation name must cætain the	new orp., " word
Communication of the state of t	N/A	
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent N/A	<u> </u>	
(Florida s.	reet address)	
(Florida s. New Registered Office Address:	reet address) , Florida	

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)

Example:

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 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>		Address	
1) Change			 	N/A	
Add					
Remove			-		
2) Change			 .		
Add					
Remove 3) Change			 		
Add					
Remove			-		
4) Change		-			
Add					
Remove			_		
5) Change	<u>-</u>		 		
Add					
Remove			-		
б) Change			 		
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	-
	_
F. If 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)	
N/A	

The date of each amendment(s) ad date this document was signed.	loption:		, if other than
Effective date if applicable:	7/21/2	021	
Theetive date trappicague.	(no more than 90) days after amendment file dat	(c)
Note: If the date inserted in this bl document's effective date on the De		able statutory filing requireme	nts, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	oard of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur		number of votes east for the a	mendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"The number of votes east	for the amendment(s) was/wer	e sufficient for approval	
by	(voting group)		
	(voting group)		
7/	21/2021		
Dated '1			
Signature	LUZI	<u>() </u>	
		er = if directors or officers have	
	i, by an inc orporator – ii in the ed fiduciary by that fiduciary)	rhands of a receiver, trustee, or	r other court
		Sandon C	no rele.
	President		0112119
•			
•		name of person signing)	,