Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TAX DOCTORS OF SOUTH FLORIDA,

Account Number : I20120000036 Phone : (239)574-5010 Fax Number : (305)400-0186

**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.* Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TAX DOCTORS OF SOUTH FLORIDA, INC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TAX DOC	CTORS OF SOUTH FLORIDA, INC.
DOCUMENT NUMBER: P10000985	33
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
ANA HERNAND)EZ
	Name of Contact Person
TAX DOCTORS	OF SOUTH FLORIDA INC
	Firm/ Company
441 DEL PRADO	O BLVD N #4
	Address
CAPE CORAL,	FL 33909
	City/ State and Zip Code
taxdoctorsofcape@	gmail.com
	used for future annual report notification)
For further information concerning this matter, ple	case call:
ANA HERNANDEZ	_{st} (239) 574-5010
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
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

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Articles of Amendment to Articles of Incorporation of FILED
2018 SEP 25 PM 3: 06

TAX DOCTORS OF SOUTH FLORIDA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000098533

(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:

must be distinguishable and con p., " "Inc.," or Co.," or the design "chartered," "professional associa	stain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes ution," or the abbreviation "P.A."	" or "incorporated" or the a sional corporation name must
nter new principal office address. cipal office address <u>MUST BE A S</u>		
nter new malling address, if appl	licable:	
Sailing address MAY BE A POST		·
ailing address MAY BE A POST	OFFICE BOX) nd/or registered office address in Florida	, enter the name of the
amending the registered agent as we registered agent as	office BOX) nd/or registered office address in Florida w registered office address:	onter the name of the
ailing address MAY BE A POST amending the registered agent at w registered agent and/or the no	OFFICE BOX) nd/or registered office address in Florida	
failing address MAY BE A POST Amending the registered agent as we registered agent and/or the no	nd/or registered office address in Florida w registered office address: ANA HERNANDEZ 441 DEL PRADO BLVD (Morida street address)	N #4
ailing address MAY BE A POST amending the registered agent at w registered agent and/or the no	nd/or registered office address in Florida w registered office address: ANA HERNANDEZ 441 DEL PRADO BLVD (Morida street address)	

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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	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Tide	Name	Address
l)Change	Р	MIGDALINA LINARES	441 DEL PRADO BLVD N
Add			SUITE 4
X Remove			CAPE CORAL, FL 33909
2)Change	P	ANA HERNANDEZ	441 DEL PRADO BLVD N
XAdd			SUITE 4
Remove			CAPE CORAL, FL 33909
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

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				<u></u>		
						
						
						
f an amendment r provisions for im- (if not applica	provides for an explementing (be an ble, indicate N/A)	<u>nendment if no</u>	rification, or c t contained in	ancellation of i	issued shares, nt itself:	
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The Gate of each amendmen	nt(s) adoption: 01/01/2011
Effective date if applicable:	00/4//2042
enecase are a suppleable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voiting Kroup)
☐ The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 09	/14/2012
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)
	ANA HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of nerson elening)

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