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SECRETARY OF STAIL
ALLAHASSEE, FLORID

Amend NC Marg 14/13

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: T.T.A.B Tax Preparation DOCUMENT NUMBER: P11000094593 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following Tania Hernandez Name of Contact Person True Amiable Benefit Inc. Firm/ Company 1148 SE Highway 484 Address Ocala, FL 34480 City/ State and Zip Code thernandez@ttabtaxprep.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call at $(\frac{352}{\text{Area Code & Daytime Telephone Number}})$ Tania Hernandez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 Filling Fee & ■\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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 to Articles of Incorporation

FILED

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T.T.A.B Tax Preparation, WC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P11000094593

dment(s) to

(Document Number	er of Corporation (if known)	1
Pursuant to the provisions of section 607,1006, F1 us Articles of Incorporation:	lorida Statutes, this <i>Florida Pi</i>	rofit Corporation adopts the following amendme
A. If amending name, enter the new name of the	he cornoration:	
True Amiable Benefit Inc	<u> </u>	77.
name must be distinguishable and contain the "Corp.," "Inc. " or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation," "comp Corp." "Inc." or "Co" A p	pany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or reg new registered agent and/or the new register		rida, enter the name of the
Name of New Registered Agent		
	tFlorida street address)
New Registered Office Address.		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		eccept the obligations of the position.
	AN Designation	

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:

 $P \neq President$; $V \neq Vice President$, T = Treasurer, $S \Rightarrow Secretary$, D + Director, $TR \neq Trustee$; $C \neq Chairman$ 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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	S	Maria Vazquez	1148 SE Hwy 484
X			Ocala,FL 34480
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· 		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary)	i <u>cles, enter change(s) here</u> : (Be specific)
FEIN # 45-3707522	
B 46	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>N/A</u>	
	·

date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval
by
☐ 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 8/16/2013
Signature Lana Hernanda
(By a director, president or other officer—if threetors 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)
Tania Hernandez
(Typed or printed name of person signing)
President
(Title of person signing)