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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PREFERRED TAX SOLUTION DOCUMENT NUMBER: P12000008774
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LESTER RIVERO
Name of Contact Person PREFERRED TAX SOLUTION
Firm/ Company 11117 W OKEECHOBEE RD SUITE 130
HIALEAH GARDENS, FL 33018
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

LEONEL RIVERO 786 597-1970 .

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy 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

Certified Copy

(Additional Copy is enclosed)

**Articles of Amendment** to Articles of Incorporation

PREFERRED TAX SOLUTION INC.

(Name of Corporation as currently filed with the Florida Dept. of State AF 63 P12000008774 (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: A. If amending name, enter the new name of the corporation: 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:

	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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

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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change Add Remove	CEO		LEONEL RIVERO	
2) Change Add _X Remove	CFO	<b>-</b>	YOHAN HERNANDEZ	
3 ) Change Add Remove		_		
4) Change Add Remove		-		
5) Change Add Remove		<del></del>		
6) Change Add Remove		_		

• • • • • • • • • • • • • • • • • • • •	cles, enter change(s) here: (Be specific)		•
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<u>f an amendment provides for an excl</u>	ange, reclassification, or candidated in	ancellation of issued shares, the amendment itself:	
nrovisions for implementing the ame		the amendantene ment	
provisions for implementing the ame (if not applicable, indicate N/A)	nament it not contained in		
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he date of each amendment(s) a	doption: 02/22/2012
Effective date <u>if applicable</u> : 02	2/22/2012
<u></u>	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 02/22/	2012
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	President
	(Title of person signing)