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APR 12 2016 ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: First Fa	mily Tax C	orp.
DOCUMENT NUMBE	tion: <u>First Fa</u> r: <u>P12000</u> (34467	
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Re	gine Predvil	
		Name of Contact Persor	ı
_		Firm/ Company	
<u></u>	9561 N	Address FL 3332 City/ State and Zip Code	
	Casica	Address	
-	Surrise	City/State and Zin Code	.2
	E-mail address: (to be us	X Management ed for future annual report	notification)
For further information of	concerning this matter, pleas	e call:	
Regine	Predvil	at (954	, 702-2101
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section		Address Iment Section
Division of Corporations P.O. Box 6327		Divisio	on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

- Articles of A	Amendment	16APR 11 E
· to		El,
Articles of Inc.	corporation 20	160 LA
	. 0.00	
First tarnity To	£ (01)	6 // A
(Name of Corporation as current	ly filed with the Florida Dept. of State)	4.
<u> </u>	467	
(Document Number of	of Corporation (if known)	- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
nt to the provisions of section 607.1006, Florida Statutes, this cles of Incorporation:	Florida Profit Corporation adopts the following a	mendment(s) to
amending name, enter the new name of the corporation:		
Advance Tax Management	ine.	he new
must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc." or 'chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con	
ter new principal office address, if applicable:	9561 NW 24 place	
ipal office address MUST BE A STREET ADDRESS)	Sunrise , FL 33322	
	JUNITY PC 3352C	
A STATE OF THE STA		
nter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	9561 NW 24 Place	
	Suni se, FL 33322	
	3011/2/11/30022	
amending the registered agent and/or registered office add	iross in Florida, enter the name of the	
w registered agent and/or the new registered office addres		
Name of the Paris of the NIA		
Name of New Registered Agent NIA		
(Florida st	treet address)	
New Registered Office Address:	, Florida (Zip Coo	
	(City) (Zip Cod	de)
Registered Agent's Signature, if changing Registered Agen by accept the appointment as registered agent. I am familiar		
o, accept the appointment as registered agent. I am jumitur	and accept the obligations of the promotion	
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:	, ana sai	ty Smun, Sv as an Aaa.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
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 Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
Ν	A
-	
I.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
г.	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
7	la
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: April 5, 2016	
(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 we document's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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"	
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 April 5 2010	
Signature (By a director, president of 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)	
Tresident (Title of person signing)	
President (Title of person signing)	
(Title of person signing)	