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2016 JUN 15 PH 5: 00
SECRETARY OF STATE

JUN 21 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TAX ADVANTAGE PLUS INC
DOCUMENT NUMBER: P120000 & 5 78
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Milfort RAY No Ld Name of Contact Person
TAXAOVANTA 3e PLUS INC. Firm/Company
B 20 NE 125 Staget B Nort Minm: Fl 33161
Nort Miami 33161 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M: (fact Raynold at 786) 262 8207 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (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

Articles of Amendment to **Articles of Incorporation** of

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
(Document Number of Corporation (if know	m)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ration adopts the following amendment(s)	to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7% 28	
		•
	<u> </u>	:
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	() () () ()	
		
	T, we will be a second	
D. If amending the registered agent and/or registered office address in Florida, enternew registered agent and/or the new registered office address:	the name of the	
Name of New Registered Agent Herbert IAN GERS		
252 NW 78 St (Florida street address)	reet	
	22126	
New Registered Office Address: M; Am; (City)	, Florida <u>33138</u> (Zip Code)	
• •	, ,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the old	bligations of the position.	
Herbert Lan ders Signature of New Registered Agent, if ch		
Signature of New Registered Agent, if ch	anging	

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 l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Herbert Landers	252 N.W 78
Add			Street Miami Fl 33138
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change		·	
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
s: 1.1 j	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 6/13/20/6 date this document was signed.	, if other than the
Effective date if applicable: 6 13/206 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	late will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	1ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature M. RAYNOLO (By a director, president or other officer – if directors or officers have not been	
Signature M RAY NOIC	
(By a director, president or other officer – if directors or officers have not been	 n
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
Milforet Raynold	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	