P120009320

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STAT



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2012

LANETTE OCTELUS WE CARE TAX SERVICES INC. 675 NE 129 ST MIAMI, FL 33161 US

SUBJECT: WE CARE TAX SERVICES INC

Ref. Number: P12000098320

We have received your document for WE CARE TAX SERVICES INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

On page 4 of the amendment document, please provide the date of each amendment(s) adoption.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Letter Number: 812A00029088

Rebekah White Regulatory Specialist



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Rebekah White Regulatory Specialist

Letter Number: 812A00029088

12 DEC 19 AM 11: 09
BIVISIA CONTRACTOR

Articles of Amendment to Articles of Incorporation of

FILED 12 DEC 20 PM 3:51 SECRETARY OF STATE FALLAHASSEE, FLORIDA

WE CARE TAX SERVICES INC

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

P12000098320

(Document Number of Corporation (if known)

ndment(s) to

| . If amending name, enter the new name of the co | orporation: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|-----------------|
| ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp. ord "chartered," "professional association," or the | ." "Inc." or "Co | ". A professional co | |
| Enter new principal office address, if applicable | : | 5521 NW 2 AVE MIAMI FLORIDA | |
| rincipal office address <u>MUST BE A STREET ADL</u> | | | |
| | | 33161 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A LOST OFFICE BO | <u>X</u>) | | |
| If amending the registered agent and/or register new registered agent and/or the new registered | | s in Florida, enter th | e name of the |
| new registered agent and/or the new registered | office address: | s in Florida, enter th | e name of the |
| | office address: | | e name of the |
| Name of New Registered Agent | office address: | address) | orida(Zip Code) |

Page 1 of 4

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 falls 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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-----------------|---------------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | PRESIDEN | LANETTE OCTELUS | 675 NE 129 STREET NORTH MIAMI FLORIDA,33161 |
| 2) Change Add | | - | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add Remove | | _ | |
| 5) Change Add | | | |
| Remove 6) Change Add | | <u>.</u> | |
| Remove | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | The state of the s |
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| The date of each amendment(s) ac | loption: 120412012 |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: | · · · · · · · · · · · · · · · · · · · |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | roved 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) |
| action was not required. | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder |
| Signature Syacoselected | rector. president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | LANETTE OCTELUS |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| • | (Title of person signing) |