P13000017342

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AX-ACCT SERVIC	ES INC		
DOCUMENT NUMBER: P130000	017342		····	
The enclosed Articles of Amendment	and fee are submitte	ed for filing.		
Please return all correspondence conc	erning this matter to	the following:		
MICHAEL !	MONTEJO			
 _	N	ame of Contact Person		
TAX-ACCT S	SERVICES INC			
		Firm/ Company		
3060 NW 6 ST				
		Address		
MIAMI, FL,	33125			
	Ci	ty/ State and Zip Code	1	
michigan_77@hotr	nail.com		,/	
		r future annual report n	otification	
For further information concerning th	is matter, please call	:		
MICHAEL MONTEJO		at (321-5061 e & Daytime Telephone Number	
Name of Contact Person	on	Area Code	& Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	ate 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)	
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Division Clifton E	nent Section of Corporations	

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

TAX-ACCT SERVICES INC

TAX-ACCT SERVICES INC					
(<u>Name</u>	of Corporation as curren	tly filed with the Florida D	ept. of State)		
P13000017342					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the followin	g amendmer	nt(s)
A. If amending name, enter the new n	ame of the corporation:				
N/A				The new	
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corp		bbreviation	
B. Enter new principal office address,	if applicable:	N/A		ا د ما	
(Principal office address MUST BE A S			ALL	ල	
			<u>}</u>	3	\neg
				-	-
C. Enter new mailing address, if appl	icable:	27/4	រិជ្ជា	7 19	m
(Mailing address MAY BE A POST		N/A		!∠ 골	
		······································	A	Fire Sh	
		· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the i	name of the		
new registered agent and/or the ne	w registered office addre	·ss:			
Name of New Registered Agent	N/A			_	
	(Florida s	street address)		-	
N D 1 1000 111	N/A		ri. da.		
New Registered Office Address:	**************************************	(City)	, Florida(Zip o	Code)	
		•			
New Registered Agent's Signature, if o	hanging Registered Agei	nt:			
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligat	ions of the position.		
	Signature of New	Registered Agent, if changir	าย	-	

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.

X Change PT John Doe X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) X Change PSD MICHAEL MONTEJO 3060 NW 6 ST, MIAMI FL Add Add Add Add	33125
X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) X Change PSD MICHAEL MONTEJO 3060 NW 6 ST, MIAMI FL	33125
Type of Action (Check One) X Change PSD MICHAEL MONTEJO 3060 NW 6 ST, MIAMI FL	33125
(Check One) 1) X Change PSD MICHAEL MONTEJO 3060 NW 6 ST, MIAMI FL	33125
1) Change	33125
Add	
Remove	
2) Change	
Add	
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

 If amending or adding additional (Attach additional sheets, if necessar 	ry). (Be specific)		
1/A			
	· · · · · · · · · · · · · · · · · · ·		
		•	
			
If an amendment provides for an	exchange, reclassification, or c	cancellation of issued shares,	
provisions for implementing the	amendment if not contained in	the amendment itself:	
(if not applicable, indicate N/	4)		
// N			
			

The date of each amendment(s) adoption:, if o date this document was signed.	ther than the
date this document was signed.	
Effective date if applicable:	
(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 will not be document's effective date on the Department of State's records.	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" (voting group)	
☐ 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	
Signature (By a director, president or 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) Michael Monteja	
(Typed or printed name of person signing) PRESIGNAT DIRECTOR (Title or person signing)	