P13000029201

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	VICES AND TAXES INC	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER: P13000029201					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	atter to the following:			
	ADOLPHE RIDORE				
	Name of Contact Person				
	D&V MULTISERVICES & TAXES INC				
	Firm/ Company				
	3355-65 LAKE WORTH ROAD				
	Address				
	LAKE WORTH FL 33461				
		City/ State and Zip Cod	e		
	DOPHYNET@GMAIL.CO	M			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	es colle			
To tardier mornate	a concerning this matter, piea	se can.			
ADOLPHE RIDORE	<u> </u>	561 at (201-8676		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 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)		
Amo Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

10

D&V MULTISERVICES & TAXES INC

(Name of Corporation as currently filed	with the Florida Dept. of State)
P1300002901	
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The _new
name must be distinguishable and contain the word "corporation," "compar "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A profe "chartered," "professional association," or the abbreviation "P.A."	ny," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-
The state of the s	<i>G</i> :
	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street addr	essi
New Registered Office Address:	, Florida
(City)	(Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and	l accept the obligations of the position.
Signature of New Registere	d Agent, if changing
Thuck if anniouble	· · · · · · · · · · · · · · · · · · ·

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
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	**		
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 addition (Attach additional sheets, if nece.) We offer transportation solutions 	 ssary). (Be specific) such as on-demand Courier-Transportation, same day delivery of documents.
-	32B service able to scale to your needs, we serve Laboratories, Lawyer and Medic
We provide service to Transport	ation Brokers servicing Adult Day Care Centers, Retirement Homes. Social service
We also serve our community wi	ith other services such as money transfers, tax preparation services.
. If an amendment provides for a	an exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate i	he amendment if not contained in the amendment itself: N/A)

.

•	08/25/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	25/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	Imput tila datas
	the more than 30 days after amen	ment file dates
Note: If the date inserted in this document's effective date on the E	plock does not meet the applicable statutory file epartment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting group cach voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for ap	proval
by		
	(voting group)	 ·
08/25/202	0	
Dated		
Signature R.		
selecto	irector, president or other officer – if directors or d, by an incorporator – if in the hands of a receiv ted fiduciary by that fiduciary)	
	ADOLPHE RIDORE	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	