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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: AFFORDABLE RECOVERY INC

DOCUMENT NUMBER: P14000050649

The enclosed Articles of Amendment and fee are submitted for filing.

Tallahassee, FL 32314

Please return all correspondence concerning this matter to the following:

	ED KOTLER				
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TAX ZONE INC					
Firm/ Company					
8865 COMMODITY CIR STE 4				202	
		Address		2022 DTC	-
	ORLANDO, FL 32819			0	· -
	99,997 - 0-19-1-19-19-19-19-19-19-19-19-19-19-19-1	City/ State and Zip Cod	e	20	رب ربا
	ACCOUNTANT@TAXZO:			Æïf	و اف ز
	E-mail address: (to be u	sed for future annual report	notification)	8 3	-
	ion concerning this matter, plea		888-3131		
Namo	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check :	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address Iment Section		
	nendment Section vision of Corporations		on of Corporations		
P.O. Box 6327			entre of Tallahassee		

•	•	Page:	5 of 8
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Articles of Amendment to Articles of Incorporation of

AFFORDABLE RECOVERY INC

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

Pl	4000050649
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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending pame, enter the new name of the corporation:

name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc." or "Chartered," "professional association," or the abbreviation	Co". A professional corporation name must c	
B. Enter new principal office address, if applicable;	6100 LAKE ELLENOR DR	207
(Principal office address <u>MUST BE A STREET ADDRESS</u>) ORLANDO, FL 32809	
		; ري ري
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7512 DR. PHILLIPS BLVD	
	SUITE 50-720	<u>به</u> س
	ORLANDO, FL 32809	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a Name of New Registered Agent		
	orida street address)	
<u>New Registered Office Address:</u>	, Florida,	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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. **Example:**

Example: 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)	<u>Title</u>	Name	Address		
(enter one)	Р	JOEL RIVERO	6100 LAKE ELLENOR D		
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F.,	If amending or adding additional Arti	icles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

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F. It an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

..... ____ -----_____ ----_____ _____ ----

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		9, 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19 14 19
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amondment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharche	older action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shateholders. The number of votes cast for the ame fficient for approval.	endment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	ny statement 1(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2022 DEC
by	(voting group)	
	10000 310049	20
Dated DeC	19,0022	8:
Signature	- The fullica	
(By a di selected	rector, president or other officer – if directors or officers have i 1, by an incorporator – if in the hands of a receiver, trustee, or c ed fiduciary by that fiduciary)	
	Joel Rivero	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	