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COVER LETTER

NAME OF CORPORATION: <u>On Time Tax and lien Services</u> , INC. DOCUMENT NUMBER: <u>P14000090177</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person On Time Tax and lien Services, INC. Firm/ Company
135 Weston Rd #169 Address Weston FL 33326 City/ State and Zip Code
brian as on time tax and lien. com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

Division of Corporations

Brian Andy at (954) 729-0640

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 enclosed) S43.75 Filing Fee Certified Copy (Additional C

is enclosed)

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

On Time Tax una	Llien Services, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
	77
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation 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 "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	···
	3 (-)
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address.	, v , v , v , v , v , v , v , v , v , v
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	nin and accept the obligations of the position.
Signature of New P	enistered Agent if changing

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 I	<u>Doe</u>	
X Remove	V Mike	Jones	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Paul M. Heinzkill	451 Pickens Bridge Rd
Add Remove			un: + 142 Pincy Fluts, TN 37686
2) Change Add	<u>P</u>	Brian P. Andy	16698 Golf View Drive Weston FL 33324
Remove 3) Change Add	<u>VP</u>	Jeffrey Barbieri	16789 Golf. Die & Dr. V. Western FU 33326
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articular Articu						
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassifi	eation, or can	cellation of is	sued shares.		43
(if not applicable, indicate N/A)	<u>nament ii not c</u>					
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V>- J	ctt rey	m <u>d</u>	DIELI	- 112		
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The date of each amendment(s) adoption: 8/27/19	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no hore 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 w document's effective date on the Department of State's records.	ill not be 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" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	221
Dated 8/27/ /9	PHII: 13
Signature	· ω
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	