P14000041806

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PICK-UP	☐ WAIT	MAIL
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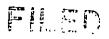


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	AX PRO INC	- <u></u>	
DOCUMENT NU	CMBER: P14000091806			
	cles of Amendment and fee are su			
Please return all co	orrespondence concerning this ma	tter to the following:		
	JOSE F CARDENAS			
		Name of Contact Persor	1	
	COMMUNITY TAX PRO IS	ZC.		
	Firm/ Company			
	3911 W WATERS AVE STE	: 3		
		Address		
	TAMPA FL 33614			
		City/ State and Zip Code	,	
	DVAPONTE@GMAIL.COM	វ		
	E-mail address: (to be u-	sed for future annual report	notification)	
	nation concerning this matter, plea		10.701.47	
JOSE F CARDEN	VAS	at (<u></u>		
Na	me of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	ortment of State:	
\$35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	Charletone and Consess	
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amene Division The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Moproe Street, Suite 810 assee, Ft. 32303	

Articles of Amendment to Articles of Incorporation of



to

COMMUNITY TAX PROJECT		<u> 2021 QCT 19</u>	AH IO: LO
(Name of Corporation	on as currently filed with the F	Torida Dept. of State)	
P14000091806		SECRETARY TALLACA	GF 57477
(Docum	nent Number of Corporation (if i	(nown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	rporation adopts the following	g amendment(s'
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	or "Co". A professional co	•	•
B. Enter new principal office address, if applicables	:		
(Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	
The registrate of the state of	City		lode)
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent.	Lam familiar with and accept th	se obligations of the position.	
Sienz	uure of New Registered Agent, i	if changing	-
Signa	ame of rew regimered agent, t	i 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)

Example:

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 manaer. 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	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) X Change	VP	DAVID APONTE	1119 LITHIA PINECREST RD
Add			TAMPA FL 33547
Remove			
2) Change			
Add			
Remove 3.) Change	····		
Add			4
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)
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(i) not appread to marcane 11/11)	

e de la companya de la co

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	,
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	115/2021	
sele	a director, president or other officer — if directors or officers have cted, by an incorporator — if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	JOSE F CARDENAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	