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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLAGE	ER TAXES AND PROFESSIONAL SERVICES INC
DOCUMENT NUMBER: P15000	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this mutter to the following:
JURADO, I	MARCELO P
	Name of Contact Person
FLAGLER T	AXES AND PROFESSIONAL SERVICES INC
	Firm/ Company
1803 W FL	AGLER STREET
	Address
MIAMI, FL	33135
, · · ·	City/ State and Zip Code
MITAVEOOV	·
MJTAXES@Y/	
E-mail address	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
MARCELO JURADO	at (305 531-4542 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filin Certificate o	-
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporation	•
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FLAGLER TAXES AND PROFESSIONAL SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P15000002527 (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 name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Т		LOPEZ, DELFINA	10021 SW 16 ST
Add				MIAMI, FL 33165
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 Arti (Attach additional sheets, if necessary).	(Be specific)
. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1-2,000,000	

date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 02/11/20	015	
	rector, president or other officer - if directors or officers have not been I, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	MARCELO P. JURADO	
•	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_