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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : TAX S PRO CORP Account Number: 120200000147

Fax Number

: (785)307-2733

: (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN **CELLPHONE FIX PRO 2, CORP**

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TO: Amendment Section

COVER LETTER

| Division of Corpo | orations | | |
|--|---|---|--|
| NAME OF CORPOR | RATION: CELLPHONE FIX | PRO 2 CORP | |
| DOCUMENT NUMI | P15000003557 | | |
| DOCUMENT NUMBER | DER: | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | ANWAR I PUELLO | | |
| | | Name of Contact Person |) |
| | TAX S PRO CORP | | |
| | | Firm/ Company | |
| | 8030 PINES BLVD | | |
| | | Address | |
| PEMBROKE PINES, FLORIDA 33024 | | | |
| | | City/ State and Zip Cod | 2 |
| | INFO@TAX\$PRO.COM | | • |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| ANWAR I PUELLO | | at (⁷⁸⁶ |) 307-2733 de & Daytime Telephone Number |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | Street Address | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

Articles of Amendment to Articles of Incorporation of

' From: +19544207118 (TAX S PRO)

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

| (Name of Corporation as currently filed with the Florida Dept. of State) P15000003557 |
|--|
| P15000003557 |
| |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| 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 office address: |
| |
| (Florida street address) |
| Now On instant Com. 444 |
| Name of New Registered Agent (Florida street aidress) New Registered Office Address: (City) (City) (Florida street aidress) |
| 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 positions. |
| Signature of New Registered Agent, if changing |
| Check if applicable |

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)

Jul 12, 2021 16:08 (UTC-04)

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.

| <u>X</u> Change | PT | John Doe | | |
|-------------------------------|--------------|-------------------------|--------------------------|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| | P | TORRES SUAREZ LILIANA | 8030 PINES BLVD | |
| Change X Add | | | PEMBROKE PINES, FL 33024 | |
| Кенюче | | | OAAA DINING DI UK | |
| 2) X Change | VP | LUNA POLANCO MAURICIO J | 8030 PINES BLVD | |
| Add | | | PEMBROKE PINES, FL 33024 | |
| Remove 3) X Change | <u>T</u> | MADRUGA LILIANA | 8030 PINES BLVD | |
| Add | | | PEMBROKE PINES, FL 33024 | |
| Remove | | | | |
| 4)Change | | | | |
| Add | | | | |
| Remov e | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Aċd | | e, | | |
| Remove | | | | |

To: +18506176380

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| | hange, reclassification, or cancellation of issued shares, |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
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③ Jul 12, 2021 16:08 (UTC-04) 19544207118 (TAX S PRO)

| | JULY 12,2021 |
|--|--|
| The date of each amendment(s) a | |
| date this document was signed. | |
| JUL | Y 12, 2021 |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were st | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval. |
| | proved by the sharcholders through voting groups. The following statement each voting group entitled to vote separately on the umendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval |
| by | |
| -, <u></u> | (voting group) |
| selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) MAURICIO J LUNA POLANCO (Typed or printed name of person signing) |
| | (1 ypen or printed name or person signing) |
| | VICE PRESIDENT |
| | (Title of person signing) |
| | (L |
| | |