Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (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.

Email Address: INFO OTAXS PRO. Com.

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

| Certificate of Status | 0 |
|-----------------------|---------|
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A. RAMSEY

NOV 1 7 2021

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

From: +19544207118 (TAX S PRO)

TO: Amendment Section
Division of Corporations

| NAME OF CO | RPORATION: CELLPHONE FI | X PRO 2 CORP | |
|--------------------|--|--|--|
| DOCUMENT ! | P15000003557 | | |
| The enclosed Ar | ticles of Amendment and fee are sa | ubmitted for filing. | |
| Please return all | correspondence concerning this ma | atter to the following: | |
| | ANWAR I PUELLO | | |
| ·. · | TAX S PRO CORP | Name of Contact Person | n |
| | | Firm/ Company | |
| | 8030 PINES BLVD | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| • | PEMBROKE PINES, FL 33 | 3024 | |
| | | City/ State and Zip Code | • |
| | INFO@TAXSPRO.COM | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| Paul English Brook | | | |
| ror maner mior | mation concerning this matter, plea | se call: | |
| ANWAR I PUE | LLO | at (⁷⁸⁶ | 3072733 |
| | lame of Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a che | eck for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing F | Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| · . | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Division The Ce 2415 N | Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303 |

FILED

To: +18506176380

Articles of Amendment to Articles of Incorporation

2021 NOV 16 PH 12 07

| | 7.00.00 | of | |
|---|--|------------------------------|--|
| CELLPHONE FIX PRO2 CORP | me of Corporation as cu | rently filed with the | e Florida Dept. of State) |
| P15000003557 | tille of Cot bot actors as cal | Teday Men Wall | · |
| 1.13000003337 | (Document Num | ber of Corporation (| if known) |
| | · | | |
| Pursuant to the provisions of section its Articles of Incorporation: | 607.1006, Florida Statutes | , this <i>Florida Proju</i> | Corporation adopts the following amendmen |
| A. If amending name, enter the n | ew name of the corporati | on: | |
| | | | The new |
| "Inc.," or Co.," or the designation "chartered," "professional associated. B. Enter new principal office add | n "Corp," "Inc," or "C tion." or the abbreviation " ress, if applicable: | o". A professional 'P.A." | 'incorporated" or the abbreviation "Corp.," corporation name must contain the word |
| (Principal office address MUST BI | E A STREET AUUKESS) | | · |
| , , | | <u></u> | |
| | | | |
| C. Enter new mailing address, if (Mailing address MAY BE A P | | <u>-11-2-77</u> | |
| | | | |
| D. If amending the registered age | ent and/or registered affic | e address in Klorida | enter the name of the |
| new registered agent and/or th | e new registered office a | idress: | |
| Name of New Registered A | apnt | | |
| THE OF THE RELIGIOUS AND | | | · · · · |
| | (Flo | rida street address) | |
| New Registered Office Add | ress: | | , Florida |
| | | (City) | (Zip Code) |
| | | | |
| • | | | |
| New Registered Agent's Signature I hereby accept the appointment as | | | t the obligations of the position. |
| | | | |
| | | | |
| .• | Signature of | New Registered Agen | nt, if changing |
| Check if applicable | | | |

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

To: +18506176380

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.

| X Change | <u>PT</u> <u>John</u> | <u>Doe</u> | |
|-------------------------------|-----------------------|-----------------------|--------------------------|
| X Remove | <u>V</u> <u>Mike</u> | e Jones | |
| X Add | <u>SV Sally</u> | y Smith . | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | . P | TORRES SUAREZ LILIANA | 8030 PINES BLVD |
| Add | | | PEMBROKE PINES, FL 33024 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | · | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| റ Change | | | |
| Add | | | |
| Remove | | | |

夏5 of 6

From: +19544207118 (TAX 5 PRO)

| | ach amendment(s) a ment was signed. | NOV 16 2021 doption: | , if other than the |
|----------------|--|--|---|
| Effective date | if applicable: | (no more than 90 davs after amendm | and Gladeral |
| | | (no more inan yo aays ajier amenam | ent jue aatej |
| | | plock does not meet the applicable statutory filing epartment of State's records. | requirements, this date will not be listed as the |
| Adoption of A | Amendment(s) | (CHECK ONE) | |
| • | ment(s) was/were ad not required. | opted by the incorporators, or board of directors wit | thout shareholder action and shareholder |
| | | opted by the shareholders. The number of votes casufficient for approval. | st for the amendment(s) |
| | | proved by the shareholders through voting groups. each voting group entitled to vote separately on th | |
| "The | number of votes cast | for the amendment(s) was/were sufficient for appre | oval |
| by | | (voting group) | .,, |
| | | (voting group) | |
| | | 1 | |
| - | Dated NO | 16/201 | |
| | | | |
| | Signature | Malain trun the | |
| . • | (B) 3√0 | incetor, president or other officer - if directors or of | Ticers have not been |
| | selecté | d, by an incorporator – if in the hands of a receiver, | trustee, or other court |
| | аррот | ted fiduciary by that fiduciary) | |
| | | MAURICIO I LUNA POLANCO | |
| • | | (Typed or printed name of person signif | ng) |
| | , <i>*</i> | PRESIDENT | ~ |
| | | (Title of person signing) | |