0000074642

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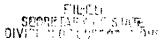
COVER LETTER

TO: Amendment Section
Division of Corporations

	ATION: KASEM ACCOU	NTING & TAX SERVICE	S INC	
DOCUMENT NUMB	ER: P15000074642			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	ABDEL ISMAIL			
-	•	Name of Contact Perso	n	
;	KASEM TAX SERVICE INC			
-		Firm/ Company		
]	PO BOX 290611			
-	Address			
•	TAMPA, FL 33687			
-		City/ State and Zip Cod	e	
TAXA	СТ99@ҮАНОО.СОМ			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ABDEL ISMAIL		at (813	758-6229	
Name of Contact Person Area Code & Daytime Telephone No		de & Daytime Telephone Number		
Enclosed is a check for	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)	□\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KASEM ACCOUNTING & TAX SERVICES INC	15 SFP 22 6M 8: L1
(Name of Corporation as	currently filed with the Florida Dept. of State)
P15000074642	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
KASEM TAX SERVICE INC	The new
	prporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
	Florida street address)
·	,
New Registered Office Address:	, Florida (City) (Zip Code)
	(5.1)
New Registered Agent's Signature, if changing Registere	d Agent:
I hereby accept the appointment as registered agent. I am f	
Signatura	of Naw 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	·-··		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	ending or adding additional Articles, en an additional sheets, if necessary). (Be sp	ecific)		
//A				
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		-		-
			· · · · · · · · · · · · · · · · · · ·	
				
<u>If an a</u>	mendment provides for an exchange, resisions for implementing the amendment	eclassification, or cancel	lation of issued shares,	
provi	isions for implementing the amendment if not applicable, indicate N/A)	if not contained in the a	mendment itself:	
(/ A	y not applicable, indicate 197A)			
/A				
				• •

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	FH.CO
Effective date if applicable:	SECRETARY CARREST
(no more than 90 days after amendment file date)	1100 X 25 44 38 64 5 193
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	15 SEP 22 AH 8: 11 this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	; statement :(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
09/14/2015	
Dated	
Simple	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
ABDEL ISMAIL	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)