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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTHEASTERN TAX PROFESSIONALS INC					
DOCUMENT NUMBER: <u>P15000099516</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ennis Nicolas Name of Contact Person					
SOUTHEASTERN TAX PROFESSION ALS INC.					
5712 WATERS AVENUE UNIT 11 Address					
TAMON EL 37/10					
TAMPA FL 33619 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ENNIS NICOLAS at (305), 992-1029 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
☐ \$35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Cornoration	on as currently filed with the Florida Dept. of State)
P151	20009951Le
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the temporal association of the temporal association of the temporal association is a second contact to the temporal association as a second contact to the temporal as a second contact to the temporal association as a second contact to the temporal as a second co	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
	AHE OG
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	v
Truming dauress MAT BL AT OUT OF THE BOY	
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sigm	ature 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	PT John I	<u>Doc</u>	
X Remove	V Mike.	lones	
X Add	<u>SV</u> <u>Sally S</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X_ Change	MGB	NICOLAS, ENNIS	3236 Welborn
Add Remove			Way Tampa FL 33619
2) Change	CEO	NICOLAS, ENNIS	Same as about
Add Remove			
3) Change			
Add			
4) Change			
Add			
5) Change	·		
Add			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment it not contained in the amendment user.

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	<i>t</i>
(voting group)	7
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG IT
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PR I
Dated	1:58
Signature 6	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ENNIS NICOLAS (Typed or printed name of person signing)	
(1 yied or printed name or person signing)	
C.E.O / O以おそR (Title of person signing)	
(Title of person signing)	