Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: EAGLE TAX REPRESENTATION, CORP.

Account Number : I20070000037 Phone

Fax Number

: (954)532-3842

: (954)532-3847

**Enter the email address for this business entity to be used for future

COR AMND/RESTATE/CORRECT OR O/D RESIGN T AND T AMERICAN CORPORATION

| Certificate of Status | 0 |
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COVER LETTER

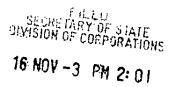
TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: T AND T AMERIC | CAN CORPORATION | |
|-------------------------|---|--|--|
| DOCUMENT NUM | DI COOODDOOC | | |
| The enclosed Articles | of Amendment and fee are sul | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | • |
| | TACIANA CORRETA PINTO | o | · |
| | . * ' | Name of Contact Persor | 1 |
| | EAGLE TAX REPRESENTA | ATION, CORP | |
| | | Firm/ Company | |
| | 5493 WILES ROAD STE 10: | S | |
| | | Address | |
| | COCONUT CREEK FL 3307 | 73 | |
| | *************************************** | City/ State and Zip Cod | 2 |
| naulo | o@cagle-tax.com | | |
| | | ed for future annual report | notification) |
| | E-mail nadicas: (10 00 ac | | , |
| For further information | on concerning this matter, pleas | se call: | |
| Paulo Oliveira, EA | | 954 at (| 532-3842 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: |
| S35 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) |
| <u>Ma</u> An | ailing Address endment Section | | Address Iment Section |

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301 Articles of Amendment to Articles of Incorporation of



| T AND T AMERICAN CORPORATIO | N | |
|--|---|--|
| (Name | of Corporation as curren | thy filed with the Florida Dept. of State) |
| P16000032876 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, thi | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | |
| name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | tation "Corp," "Inc," or | The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P,A." |
| B. Enter new principal office address. | if applicable: | 1043 NE 207TH TERRACE |
| (Principal office address MUST BE A S | | MIAMI FL 33179 |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1043 NE 207TH TERRACE |
| | | MIAMI FI, 33179 |
| D. If amending the registered agent an new registered agent and/or the ne | nd/or registered office ad- w registered office addre LAGLE TAX REPRESE | ss: |
| | 5493 WILES ROAD ST | E 105 |
| | (Florida s | etreet address) |
| New Registered Office Address: | COCONUT CREEK | Florida 33073 |
| Mess Kesserres Conce Mauress. | | (City) (Zip Code) |
| | | |
| • | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | | with and accept the obligations of the position. |
| | | |
| | | January - |
| | Signature of New | Registered organt, 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; CEQ = 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, Sully 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 | Ā | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u> Митк</u> | Address | |
| l) X Change | P | Taciana Correia Pinto | 1043 NE 207th Terrace | |
| Add | | | Miami, FL 33179 | |
| Remove | | | | |
| 2) X Change | VP | Tacito Correia Pinto | 1043 NF. 207th Terrace | |
| Add | | | Miami, FL 33179 | |
| Remove | | | | |
| 3) X Change | DIR | Taciana Correia Pinto | 1043 NE 207th Terrace | |
| Add | | | Miami, FL 33179 | |
| Remove | | | • | |
| 4) X Change | TR | Taciana Corrcia Pinto | 1043 NE 207th Terrace | |
| Add | | | Miami, FL 33179 | |
| Remove | | | | |
| 5) X Change | SECR | Taciana Correia Pinto | 1043 NE 207th Terrace | |
| Add | 1 | | Miami, FL 33179 | |
| Remove | | | 71476 | |
| 6)Change | MGR | Dhiego Gustavo De Castro Rolim | 1043 NE 207th Terrace | |
| X Add | | | Miami, FL 33179 | |
| Remove | | | | |

| · · · · · · · · · · · · · · · · · · · | cles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, and and an angular shares, and an angular shares, and an angular shares, and an angular shares shares, and angular shares shares, and an angular shares shares, and an angular shares shares, and an angular shares shares shares, and an angular shares |
| (if not applicable, indicate N/A) | |

| | 11-02-2016 | |
|--|--|-------------------------|
| The date of each amendment(s date this document was signed. |) adoption: | , if other than the |
| date this accument was signed. | 11-02-2016 | |
| Effective date if applicable: | | |
| | (no more than 90 days after umendment file dute) | |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date will be Department of State's records. | ll not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval. | |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| I 1-02 Dated | 2-2016 | |
| | Marana Comera Roto | _ |
| | a director, president or other officer – if directors or officers have not been | |
| | ected, by an incorporator — if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary) | |
| | TACIANA CORREIA PINTO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (l'itle of person signing) | |