P16000042679

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: KARIM TAX IN	C				
DOCUMENT NUM.	BER: P16000042679					
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:	•			
	MUHAMMAD MUSAB KA	ARIM				
	Name of Contact Person					
•	Firm/ Company					
	3701 SAVOY LN, APT A					
	Address					
	WEST PALM BEACH, FL	33417				
		City/ State and Zip Cod	e			
	E-mail address: (to be u	sed for future annual report	notification)			
	,		notification) (
For further information	n concerning this matter, pleas	se call:				
MUHAMMAD MUS	AB KARIM	561 at (676-3145			
Name of Contact Person		Area Code & 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis	ling Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

16 JUN 13 PM 4: 13

Articles of Amendment to Articles of Incorporation of

KARIM TAX INC

(Nowa of Company)	Connection (C) at with the Elected December of Connection
	ion as currently filed with the Florida Dept. of State)
P16000042679	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
KARIM TAX P.A.	
	rd "corporation," "company," or "incorporated" or the abbreviation o, ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET ADL</u>	
	-
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
	red 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)
N. D. J. John J. J.	
New Registered Office Address:	, Florida
	(2.19)
•	
New Registered Agent's Signature, if changing Regi	istered Agent:
	I am familiar with and accept the obligations of the position.
	· · · · · · · · · · · · · · · · · · ·
Signa	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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike_Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change .		_		
Add				
Remove				· ·
5) Change		_		
Add				
Remove				
			•	
6) Change	-	_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)				
Not Applicable				·	
					
-					
	·		·		
			·····		
			-		
	·				
<u>:</u>			·		
	· 				
	- 				
				·	
	,				
If an amendment provides for an excha provisions for implementing the amen	inge, reclassification,	or cancellation o	f issued sha	res,	
(if not applicable, indicate N/A)	differ not containe	d in the amendin	ent itsen.		
ot Applicable					
			· · · · · · · · · · · · · · · · · · ·		
		·			
				•	
					
		-			

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	JUNE 6, 2016	
Effective date <u>ir application</u> .	(no more than 90) days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	٠
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JUNE	E 6, 2016	
Dated		
C:		
Signature (B	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	†
	MUHAMMAD MUSAB KARIM	
	(Typed or printed name of person signing)	
	OFFICER	
	(Title of parent signing)	