P16000054325

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

INCOME TAXES 4EVER CORP

DOCUMENT NUMBER:

P16000054325

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIEL LANDIN

	Name of Contact Person
	Firm/ Company
13200 SW 128TH ST U	NIT F4
	Address
MIAMI, FL 33186	
	City/ State and Zip Code

GABRIEL LANDIN at (305) 227-7006

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 Certificate of Status Certified Copy (Additional Copy is enclosed)

\$35 Filing Fee Certificate of Status

\$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

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

For further information concerning this matter, please call:

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D	JCC	ME	TXF	S 41	W	R	COR	P

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P16000054325	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
name must he distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation p," "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 ADI</u>	DRESS)
C. Enter new mailing address, if applicable:	29
(Mailing address MAY BE A POST OFFICE BO	
	<u> </u>
D. If amending the registered agent and/or register	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)
New Registered Office Address:	Pleatile
New Registered Office Madress.	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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 ghange, 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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith, SV as an Add.	
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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARIA DIAZ	13200 SW 128TH ST UNIT F4
Add			MIAMI, FL 33186
Remove			
2) Change	<u>Р</u>	GABRIEL LANDIN	13200 SW 128TH ST UNIT F4
X Add			MIAMI, FL 33186
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chenus			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodecument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amend cient for approval.	lment(s)
	ved by the shareholders through voting groups. The following such voting group entitled to vote separately on the amendment(s	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shar	reholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and sharehol	der
10/16/2018 Dated		
Signature		
selected, l	ctor, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
M	IARIA DIAZ	
	(Typed or printed name of person signing)	
PI	RESIDENT	
_	(Title of person signing)	