9/2000/19

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ві | isiness Entity Nar | me) | | |
| | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: , | | | | |
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17 FEB -6 PM 12: 16



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2017

NELSON F. YECORA 2653 GROVE VIEW DR WINTER GARDEN, FL 34787

SUBJECT: EVOLUTION TAX CENTER CORP

Ref. Number: P16000087619

We have received your document for EVOLUTION TAX CENTER CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have checked multiple boxes under adoption of amendment. Please only check one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 717A00000950

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | RPORATION: EVOLUTION TO | AX CENTER CORP | |
|------------------------|--|--|---|
| DOCUMENT N | P16000087619 | | |
| The enclosed Art | icles of Amendment and fee are s | ubmitted for filing. | |
| Please return all o | correspondence concerning this m | atter to the following: | |
| | NELSON F. YECORA | | |
| | | Name of Contact Perso | n |
| | EVOLUTION TAX CENT | ER | |
| | | Firm/ Company | |
| | 2653 GROVE VIEW DR | | |
| | | Address | |
| | WINTER GARDEN FL 34 | 787 | |
| | | City/ State and Zip Cod | e |
| ì | NYECORA@GMAIL.COM | | |
| | | used for future annual report | notification) |
| | | | |
| For further inform | nation concerning this matter, plea | ase call: | |
| NELSON F. YI | ECORA | at (305 | 992-8537 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a che | ck for the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fe | e □\$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 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

17 FEB -6 PM 12: 15

| EVOLUTION TAX CENTER CORP | | | 1000 100 100 100 100 100 100 100 100 10 | ٨ |
|--|--|---------------------------|---|-----------------|
| (Name | of Corporation as currently | filed with the F | | |
| P16000087619 | | | | |
| | (Document Number of | Corporation (if k | nown) | |
| Pursuant to the provisions of section 607, ts Articles of Incorporation: | 1006, Florida Statutes, this F | Torida Profit Co | rporation adopts the following | amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | Co". A professio P.A." | or "incorporated" or the abbonal corporation name must co | ontain the |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 1669 WINT | O BROADWATA | FL 347 |
| C. Enter new mailing address, if applications of the control of th | | 16690 WINTE | BRUADWATER R GARDEN FO | <u> </u> |
| | | | | |
|). If amending the registered agent an new registered agent and/or the new | w registered office address: | | iter the name of the | |
| | w registered office address: NELSON F. YECORA | | | Διίκ |
| new registered agent and/or the new | w registered office address: NELSON F. YECORA 2653 GROVE VIEW DR | 16690 | BRUADWATER | AUÆ |
| new registered agent and/or the new | w registered office address: NELSON F. YECORA | 16690 | | • |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 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> | Address 16690 BROADWATER AVE |
| 1) Change | S | NANCY YECORA | 2653 GROVE VIEW DR |
| X Add | | | WINTER GARDEN FL 34787 |
| Remove | v | JONATHAN ULLIVARRI | 16690 BROADWATER AVA |
| 2) Change | | - JOHATHAN OLDIVANIA | WINTER GARDEN FL 34787 |
| Add Add | | | WINTER GARDEN PL 34/8/ |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | · |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | ***** |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Damosia | | • | |

| (Attach additional sheets, if necessar | Articles, enter change(y). (Be specific) | | | |
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| If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A) IELSON F. YECORA 40 SHARES | mendment if not conta | on, or cancellation of ained in the amendme | issued shares, ent itself: | |
| IANCY YECORA 30 SHARES | | | | |
| ONTHAN ULLIVARRI 30 SHARES | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | • | |

| date this document was signed. | |
|--|--|
| Effective date if applicable: | |
| | than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco | applicable statutory filing requirements, this date will not be listed as thords. |
| Adoption of Amendment(s) (CHECK ONE |) |
| The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval. | s. The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit "The number of votes cast for the amendment(s) w | ers through voting groups. The following statement led to vote separately on the amendment(s): |
| by | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| . ne amendment(s) was/were adopted by the board of direction was not required. | rectors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the peorporator action was not required. Dated Signature | rs without shareholder action and shareholder . |
| | er officer – if directors or officers have not been |
| | if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fidu | uciary) |
| NELSON F. YECORA | A` |
| (Typed or p | rinted name of person signing) |
| PRESIDENT | |
| · · · · · · · · · · · · · · · · · · · | (Title of person signing) |