

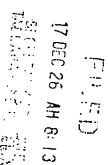
(Re	questor's Name)	
	-	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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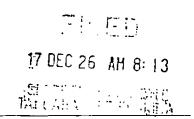
COVER LETTER

TO: Amendment Section
Division of Corporations

.14

	PRATION: BVL INCOME TA	CA SERVICE, INC.			
DOCUMENT NUM	BER: P17000016408				
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ORLANDO PEREZ				
		Name of Contact Person	1		
	BVL INCOME TAX SERVI	CE. INC.			
		Firm/ Company			
	704 VIRGINIA LANE				
		Address			
	APOPKA, FL. 32703				
		City/ State and Zip Code	e		
BVI	.TAXSERVICE@GMAIL.CO	М			
	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ORLANDO PEREZ		407	719-0878		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	for 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)		
	Mailing Address Street Address				
Amendment Section		Amendment Section			
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building					
	llahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



BVL INCOME TAX SERVICE, INC.

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P17000016408	
(Docun	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
BVL INCOME TAX & ACCOUNTING SERVICE, I	INC. The new
	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	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)
	
C. Enter new mailing address, if applicable:	NV.
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amonding the registered exect and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
rancing New Negational Ingent	
	(Florida street address)
	(2)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:
1 nereby 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 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 Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				-
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

attaen <i>aaattionat Si</i>	reets, if necessary).	(Be specific)			
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f an amendment r	orovides for an excha	inge, reclassifica	tion, or cancella	tion of issued sh	ares,
provisions for im	olementing the amen	dment if not con	tained in the an	iendment itself:	_
(if not applica	ble, indicate N/A)				
					·
				•	
			-		

•	12/11/2017	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	2/11/2017 -	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	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 shareh	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	г
12/11/20	017	
DatedSignature C	011	
(By	a director, president or other officer - if directors or officers have not b	
	eted, by an incorporator - if in the hands of a receiver, trustee, or other	court
арре	pinted fiduciary by that fiduciary)	
	ORLANDO PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	