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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TAJ PLUMBING	CORP			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DAVID ASENCIO RAMIRI	EZ			
		Name of Contact Person	n		
	Firm/ Company				
	9206 SW 8 TERRACE				
	Address				
	MIAMI, FL 33174	City/ State and Zip Cod	<u> </u>		
YAL	EMAN@TAXSPECIALISTS	·			
	-	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
DAVID ASENCIO R	AMIREZ	786	317-8837		
Name of Contact Person		Arca Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amenc 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

TAJ PLUMBING CORP				
(<u>Name</u> c	of Corporation as currer	itly filed with the Florid	a Dept. of State)	
P17000044284				
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpora	tion adopts the following amend	ment(s) to
A. If amending name, enter the new na	ime of the corporation:			
TAJ REPAIRS & SERVICES CORP			The n	C'IV
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional c		
B. Enter new principal office address, if applicable:			73	
(Principal office address MUST BE A S	TREET ADDRESS)		19:	- : ·
		-		
			1	117
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)		<u>é</u>	_
			25	_
			• •	
D. If amending the registered agent an	ul/or registered office ad	dress in Florida, enter t	he name of the	
new registered agent and/or the new			The trade (7) the	
Name of New Registered Agent	TAX SPECIALISTS OF	FLORIDA LLC		
	8040 NW 95TH STREE	T SUITE#228		
	(Florida :	street address)		
New Registered Office Address:	HIALEAH GARDENS		, Florida	
		(City)	(Zip Code)	_
	.			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agei Jered agent. I am familia	nt: r with and accept the obli	igutions of the position.	
. ,,	۸		. ,	

Page 1 of 4

w 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	o <u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Su	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3)Change		_		
Add				
Remove				
4) Change				
Add		_	•	
Remove				
5) Change	_			
Add				
Remove				
6) Change				
Add				
Remove				

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)	E. If amending or addin (Attach additional shee	g additional Articles, c ets, if necessary). (Be	nter change(s) her specific)	<u>e</u> :		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A	•				
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	provisions for imple	menting the amendmen	nt if not contained	in the amendment	itself:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more th	nan 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a locument's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes east for the amendment(s) was	s/were sufficient for approval
by	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	etors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
03-13-2019	
Signature	
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
DAVID ASENCIO RAM	AIREZ
(Typed or pri	nted name of person signing)
PRESIDENT	
(1)	litle of person signing)