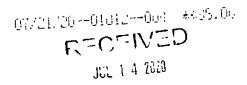
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(Re	equestor's Name)	·	
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PICK-UP	☐ WAIT	MAIL	
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C. GOLDEN AUG 2 3 2020

COVER LETTER

Division of Corporations NAME OF CORPORATION: Victory Tax Group Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vilsiant St Louis Victory Tax Group Inc 3006 Davic Blud Fort Linderdate FL 33312 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vilgaint St Louis at 954 380-0729

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: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

	of	, , ,
	_	
	-y Tax Group Inc	
<u> </u>	poration as currently filed with the Florid	a Dept. of State)
	306079542	
((Document Number of Corporation (if knows	n)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpora	ttion adopts the following amendment(s) t
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain the will inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpora	rated" or the abbreviation "Corp.," ution name must contain the word
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
D. If amending the registered agent and/or i	registered affice address in Florida, enter	the name of the
new registered agent and/or the new regi		the traine of the
Numa of Nav. Baristanad Arent		
Name of New Registered Agent		
	(12	
	(Florida street address)	
New Registered Office Address:	(2).)	, Florida (Zip Code)
	(City)	(Zip Coae)
New Registered Agent's Signature, if changi	ing Registered Agent:	
I hereby accept the appointment as registered of	agent. I am familiar with and accept the obl	ligations of the position.
	Signature of New Registered Agent, if cha	naina
	Signature of view registered rigent, if that	ngmg
Check if applicable		
☐ The amendment(s) is/are being filed pursua	nt to s. 607.0120 (11) (e), F.S.	

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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	Steven Mentor	4521 NW 345+
<u></u> Add			Laule dale hakes \$6 3331
Remove 2) Change	_ √ ₽	Gilbert St Louis	2305 NW 6 St
Add Remove 3) Change Add			Fort Landodale, FL 33311
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

(Atta	<mark>iending or adding ad</mark> ch <i>additional sheets, i</i> j	f necessary). (I	Be specific)			
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<u>-</u>						
						
						
						.,
F If a	amendment provide	es for an exchan	ge, reclassifica	tion, or cancella	tion of issued shar	es.
pro	visions for implemen	nting the amend	ment if not cor	tained in the an	nendment itself:	
	(if not applicable, inc	dicate N/A)	-			
	-		 -	. <u> </u>		
					*** ···	
				<u></u> .		
			_			
			-			

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	07/2/20 (no more than 90 days after amendmen	nt file date)
	ock does not meet the applicable statutory filing re	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
★ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes east ficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast (or the amendment(s) was/were sufficient for appro-	val
by	(voting group)	"
selected	rector, president or other officer – if directors or off by an incorporator – if in the hands of a receiver, the ded fiduciary by that fiduciary)	rustee, or other court
	(Typed or printed name of person signing	a)
		5 <i>'</i>
	(Title of person signing)	
	(Title of person signing)	