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ALLAHWASEE, FLORDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EXPERT TAX PR	OS. INC	
DOCUMENT NUM	BER: P17000089832		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	AJ TOSI		
		Name of Contact Person	
	AJ TOSI & ASSOCIATES, I	INC	
		Firm/ Company	
	PO BOX 823233		
	•	Address	 -
	PEMBROKE PINES, FL 33		
		City/ State and Zip Code	
ajtax	pro@gmail.com	and the second	
}	E-mail address: (to be us	sed for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
AJ TOSI		at (207) 266-7022	
Name	of Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a check f	or the following amount made	payable to the Florida Department 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)	
Ma	illing Address	Street Address	
An	nendment Section	Amendment Section	
	rision of Corporations	Division of Corporations	
). Box 6327 Jahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXPERT TAX PROS, INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P17000089832	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
D. F	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	— · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A E T
(Z: 8 ::1
	<u> </u>
D. If amending the registered agent and/or registered office as	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent N/A	
nume of their registered agent	
	street address)
N/A	Sirect difficulty
New Registered Office Address:	(City) , Florida (Zip Code)
	(21) Coue)
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent. I am familio	
Signature of New	v 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	Address
1) Change	S/T	ALFRED J TOSI	1300 SW 130TH AVENUE - F113
X Add			PEMBROKE PINES, FL 33027
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional	idding additional Ar l sheets, if necessary).	. (Be specific)	_			
N/A						
N/A						
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				-		
						
<u>rovisions for it</u>	t provides for an exc mplementing the am cable, indicate N/A)	hange, reclassificendment if not co	cation, or cancel ontained in the a	lation of issued s mendment itself	shares,	
NIA						 .
N/A						
N/A						
N/A				<u></u>		
N/A						
N/A						
N/A						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r ·
1/21/2019 Dated	
Signature Kurd Barbarula	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
KAROL BARBARULA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	