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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	CORP			
DOCUMENT NUN	P17000005642				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	ADRIANA MENDEZ				
		Name of Contact Person	1		
	TAX SOLUTIONS & BOOK	KKEEPING LLC			
		Firm/ Company			
	7751 KINGSPOINTE PKW	Y SUITE 119			
		Address	·		
	ORLANDO, FL 32819				
		City/ State and Zip Code	2		
	taxes.solutions100@gmail.ec	əm			
		sed for future annual report	notification)		
For further informati ADRIANA MENDI	on concerning this matter, plead	107	930 0829		
Name	of Contact Person	Area Co	_) / // / / / / / / / / / / / / / / / /		
Enclosed is a check (	for the following amount made				
S35 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)		
	niling Address		Address		
	nendment Section	Amendment Section			
	vision of Corporations	Division of Corporations			
	D. Box 6327 Hahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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ı	Λ	H	ES.	Α	M	IA.	TF	( (	117	μ

(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
217000095642			
(Document Number	er of Corporation (if known	1)	
rsuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	his <i>Florida Profit Corpora</i>	ation adopts the following	g amendmen
If amending name, enter the new name of the corporation:	<u>:</u>		The new
nme must be distinguishable and contain the word "corporation, lnc.," or Co.," or the designation "Corp," "Inc," or "Co", hartered," "professional association," or the abbreviation "P.	. A professional corpora	rated" or the abbreviatio tion name must contain	n "Corp.,"
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A		
rincipal affice address <u>stost biz ASTREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7 P. C.	2024 AL
(Maining duaress <u>SIAT BE A POST OFFICE BOX</u> )			FILE 36 20
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address N/A		he name of the	D RH II: 42
Name of New Registerea Agent			-
	a street address)		-
New Registered Office Address:	(City)	Florida	Todes
ew Registered Agent's Signature, if changing Registered Age dereby accept the appointment as registered agent.—I om familia	<u>ent:</u>	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<del></del>			-
Signature of Nev	w Registered Agent, if char	nging	

<sup>☐</sup> The amendment(s) is/are being filed pursuant 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 = ChiefExecutive 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>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nai</u>	inc		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change				<del></del>	
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_ <del>.</del>	<del>-</del>		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if n	itional Articles, enter cha necessary). (Be specific)			
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an amendment provides	for an exchange, reclassi	fication, <u>or cancella</u>	tion of issued shares,	
rovisions for implementi	for an exchange, reclassing the amendment if not	contained in the am	endment itself:	
(if not applicable, indic	rate N/A)			
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				<del></del>
	<u>-</u>			

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	adoption:	, if other than the
date this document was signed.		
0 Effective date <u>if applicable:</u>	7/01/2024	
и присти	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amo	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated		
Signature	<b>7</b> 5	
	directors president or other officer - if directors or officers	s have not been
	eted, by an incorporator - if in the hands of a receiver, trust	ee, or other court
appo	pinted fiduciary by that fiduciary)	
	MERCEDES COMENARES	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	