P18000030902

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TAX CONNEK USA INC DOCUMENT NUMBER: P12000030902 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAX Saintil
Name of Contact Person Tax Connek USA, INC 6142 HOlly WOOD BLVD
Address HOLLYWOOD BLVD, FL 33024
City State and Zip Code Maxhsamhle Gmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Max Santil at (365) 904 - 1739 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filling Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Aniendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2022 JAN 24 AM 10: 13

(Name of Corporation as current)	SECRETARY OF STATE
P18000030902	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NORTHWEST TECH ASSOCIATES,	INC. The new
NORTHWEST TECH ASSOCIATES, name must be distinguishable and contain the word "corporation," of "lnc.," or Co.," or the designation "Corp " "lnc," or "Co", chartered," professional association, "or the abbreviation "P.4"	and the state of t
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1451 W. CYPRESS CREEK ROAD SUITE 300
	FORT LAUDERDALE, FL, US 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5253 NW 33RD AVE
	FORT LAUDERDALE
	FLORIDA, 33309
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent TRUST ALLIAN	CE ENTERPRISES INC.
5253 NW 33	•
New Registered Office Address: FURT LAUDERD	ALE, Florida 33309 (Cite) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Yam tamiliar w	with and accept the obligations of the position.

Check if applicable
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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	N/A				
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		<u>.</u>			
				·	
				· 	
					
in amendment wrov	ides for an exchange,	reclassificatio	n or cancellation	of issued shares	
rovisions for implen	nenting the amendment indicate N/A)	nt if not contai	ned in the amend	lment itself:	
(if not applicable,					
	N/A				<u>-</u>
					
					

. .

The date of each amendment(s) ado	ption: January 21, 2022	, if other than the
late this document was signed. Effective date if applicable:	January 21, 2022	
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this bloc document's effective date on the Depa	ek does not meet the applicable statutory filing requirement atment of State's records.	as, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the ame	endment(s)
	ved by the shareholders through voting groups. The followin ch voting group entitled to vote separately on the amendmen	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected, b	ctor, president fir other/officer – if directors or officers have a by an incorporator – It in the hands of a receiver, trustee, or officiary by that fiduciary)	not been other court
	Max Sourtil	
	(Typed or printed name of person signing)	
_	Vresident	
	(Title of person signing)	_