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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
Disa	no Haven Tax Group		
DOCUMENT NUMBER: Y 8000	00 79/67		
The enclosed Articles of Amendment and fee are st	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Melsha	Greene		
	Name of Contact Person		
breeze	Firm/ Company		
7425 0	ander Ocks Place		
	Address		
Valrico	H 33594		
	City/ State and Zip Code		
Melshance E-mail address to be u	exp @ gma.		
For further information concerning this matter, plea	ase call:		
Melsha Greere	at (813) 326 7448		
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:		
\$35 Filing Fee  \$\square\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations		
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

Green Haven	Tax Braip	of Chanks)
(Name of Corporation as currently    SOCO 44184  (Document Number of		OI STATE)
Pursuant to the provisions of section 607, 1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	NA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	lo". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	18
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name	of the
Name of New Registered Agent	HA	<del></del>
(Florida stree		-lorida
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations o	of the position.
Signature of New Da	NA gistered 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 <math>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 Doe	2				
X Remove	<u>v</u>	Mike Jor	res				
_X Add	<u>sv</u>	Sally Sm					
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s		
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Add					Tampa F	336/9	03
2) Change		<b></b>				19	
Add			1	•		12-	
Remove						<b>-</b> 1	
3) Change							
Add		<del>_</del>				<del>- 5</del>	
Remove							
4) Change							
Add							
Remove							
5) Change		<u> </u>			<del></del>		
Add							
Remove							
6) Change							
Add							
Remove							

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The date of each amendment(s) adoption: 12/3/2018 date this document was signed.	, if other than the
Effective date if applicable: 2018 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, this date we document's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	19
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1
Dated 103/20-19	
Signature Military Constitution of the Signature	1: 18
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Melsha Greene	
(Typed or printed name of person signing)	
Ourer & CEO	<del></del>
(Title of person signing)	