PISOCO 45/25

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number))
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800335923978

10/24/19--01907--017 **35.00



NOV 1 5 2019 C Kins.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: EXCHANGES &	REMITTANCES ROES C	ORP
DOCUMENT NUM	P18000045125		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	FELIX RIVERO		
		Name of Contact Person	n
	LATINO TAX EDUCATIO	N CENTER INC	
		Firm/ Company	
	100 S BISCAYNE BLVD S		
		Address	_
	MIAMI, FLORIDA. 33131		
		City/ State and Zip Cod	e
elo	ballyconsulting@gmail.com		
		sed for future annual report	notification)
			,
For further informat	ion concerning this matter, pleas	se call:	
FELIX RIVERO		305 at (310-0953
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXCHANGES	a DEL	HTTP A SICEC.	DARC	CODD
PXCHANCES	$x_r \mapsto x$	HILLANGERS	$\mathbf{K} \mathbf{I} \mathbf{J} \mathbf{F} \mathbf{N} \mathbf{I}$	шыки

(<u>Name</u>	of Corporation as current	tly filed with the Florida Dep	t. of State)	
P18000045125				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:			
NOT APPLICABLE			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address,	if applicable:	NOT APPLICABLE		
(Principal office address MUST BE A S			_	
			- 201	
				٠
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NOT APPLICABLE	724	1
			<u> </u>	-
			<u> </u>	
D. If amending the registered agent ar			me of the	
new registered agent and/or the ne	w registered office address NOT APPLICABLE	<u>ss:</u>		
Name of New Registered Agent	NOT APPLICABLE			
		treet address)		
New Registered Office Address:	NOT APPLICABLE	· <u> </u>	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	t:		
I hereby accept the appointment as regist			ns of the position.	
	Signature of New	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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) N/A Change	N/A	N/A	N/A
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		_	
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ARTICLE III: THE PURPOSE FOR WICH THIS CORPORATION IS ORGANIZED IS:				
ANY AND ALL LAWFUL BUSINESS				
•				
,				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
NOT APPLICABLE				

	10/21/2019	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Preference description of the bolds	10/21/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	nis block does not meet the applicable statutory filing requirements e Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame e sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sh	nareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareh	older
10/21/3 Dated		
Signature	As a second	
sel	v a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or opointed fiduciary by that fiduciary)	
	ROBERTO J ESPINOZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	