P18000072933

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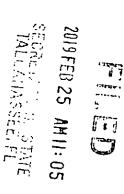
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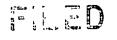
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: IMMIGRATION	N & TAX SOLUTION	S, INC.			
DOCUMENT NUMB	er: <u>P18000072933</u>					
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	Processing Department					
-	3 1	Name of Contact Person	1			
-	Firm/ Company					
	5605 Riggins Court Suite 200					
-	Address					
	Reno, NV 89502					
		City/ State and Zip Code				
docs	@incauthority.com					
	-	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Processing Departm	ent	at (800) 638-2320			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made J	payable to the Florida Depa	rtment of State:			
	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation

of



2019 FEB 25 AH 11:05

IMMIGRATION & TAX SOLUTIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State): , FL.

P18000072933

(Document Number of Corporation (if known)

	corporation:	
SAHALLE SERVICES, INC		The new
ame must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corp	orporated" or the abbreviation
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET Al</u>		
E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered agent and/or the new registered.		name of the
new registered agent and/or the new registere		name of the
		name of the
new registered agent and/or the new registere		name of the
new registered agent and/or the new registere	ed office address:	
new registered agent and/or the new registere Name of New Registered Agent	ed office address:	name of the
new registered agent and/or the new registere Name of New Registered Agent	ed office address: (Florida street address)	
new registered agent and/or the new registere Name of New Registered Agent	ed office address: (Florida street address) (City) egistered Agent:	, Florida(Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
·			
			_
f an amendment provides for an excl	nange, reclassification, or	cancellation of issued	shares
provisions for implementing the amo (if not applicable, indicate N/A)	ndment if not contained in	the amendment itsel	<u>f:</u>
(g not applicable, maicule NA)			

The date of each amendment(s) adoption: 08/27/2018	, if other than th
date this document was signed.	, , , , , , , , , , , , , , , , ,
Effective date if applicable: 03 01/2019 (no more than 90 days after amend	iment tile date)
Note: If the date inserted in this block does not meet the applicable statutory fillidocument's effective date on the Department of State's records.	ig requirements, this d≊te will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
ET The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by Myriame P. Robertson	
☐ The amendment(s) was/wore adopted by the board of directors without sharehold action was not required.	ler action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	ction and shareholder
Dated 02/19/2019 Signapure	
Signature	
(By a director, president or other officer - if directors of selected, by an incorporator - if in the hands of a receivappointed fiduciary by that fiduciary)	
Myriame P. Robertson	
(Typed or printed name of person si	ening)
Director	
(Title of person signing)	·