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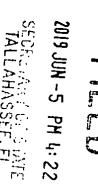
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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ANOINTED HAN	SDS TAX II INC	
DOCUMENT NUMBI	ER: P19000001533		-
	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ř	AKIL YISRAEL		
_		Name of Contact Perso	n
į.	OCUS 9 ENTERPRISES L	LC	
-		Firm/ Company	
2	728 ENTERPRISE RD STI	€ 200	
_		Address	
C	DRANGE CITY, FL 32763		
	,	City/ State and Zip Cod	e
AVISR	AEL@FOCUS9ENTERPR	ISES COM	
71131	<u> </u>	sed for future annual report	notification)
	77 man addition, 100 oct at	io io mare amai report	
For further information	concerning this matter, pleas	se call:	
AKIL YISRAEL		386 at (848-4608
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANOINTED HANDS TAX ILINC

(Name of Corporation as	currently	v filed wit	th the Flor	ida Dept, of Sta	<u>ite</u>)		
P19000001533							
(Document S	Number of	`Corporati	ion (if kno	wn)	-		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this F	Flo rida P i	rofit Corpo	ration adopts th	e following	, amend	ment(s) to
A. If amending name, enter the new name of the corpor	ration:						
				D* . DP		The n	•
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "h word "chartered." "professional association." or the abbre	nc," or "C	Co". A p					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>:S</u>)				₩ S	2019	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					ALLAHASS	9 JUN -5 P	
(Managana Cara Managana Cara M					me mo mo mo	1 4: 22	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			rida, enter	the name of th	<u>e</u>		
Name of New Registered Agent			· · ·				
	Florida stree	et address)	,	· - · · · -			
New Registered Office Address:				. Florid	•		
New Registered Office Address.	10	City)		, FIOHG	(Zip C	odes	-
New Registered Agent's Signature, if changing Registere	ad Auants						
I hereby accept the appointment as registered agent. I am,		rith and ac	ccept the or	bligations of the	position,		
<u> </u>	of Nov. Ra		1				

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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	AKIL YISRAEL	2728 ENTERPRISE RD STE 200
X Add			ORANGE CITY, FL 32763
Remove			
2) Change		<u>-</u>	
Add			
Remove			<u></u>
3) Change			
Add			
Remove			 .
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

•	h additional sheets, if necessary). (Be specific)	
A		
		
		
		-
		- · · · ·
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		,,
lf an	amendment provides for an exchange, reclassification, or cancellation of issued sh	ares,
prov	risions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
١ ,	у по аррисине, такие мя)	
<u> </u>		
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a date this document was signed.	doption:	if other than the
	02/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature(B	or J. Whitey irector, president or other officer – if directors or officers have not bee	
selecte	 d. by an incorporator – if in the hands of a receiver, trustee, or other coted fiduciary by that fiduciary) 	
	JOLT, WHETLEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .