P19000024593

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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137 CO FT 6:26

COVER LETTER

Division of Corporations KIS TAY RETURN SURVICE DV. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BEIKIS FAY RETURN SLEVICE INC WEST 49 St Suite HIALEAH, FL 33012.

City/ State and Zip Code ESMABEIKIS@ GMAIL.COM Idress: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>786</u>) <u>4/6-3477</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

S35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

1843,75 Filing Fee &

Certificate of Status

Street Address

☐\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status



September 9, 2020

BELKYS LEDESMA 1840 W 49 ST STE 735 HIALEAH, FL 33012

SUBJECT: BELKIS TAX RETURN SERVICES INC

Ref. Number: P19000024593

We have received your document for BELKIS TAX RETURN SERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

"S"CORP is a status issued by the IRS and therefore cannot be included as part of the corporate name. The Division of Corporations does not issueor record "S" corp status so S Corp will need to be removed from the name of the entity.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00017209

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

Rebekah

Division of Corporations NAME OF CORPORATION: ___ BELKIS TAX RETURN SERVICE INC DOCUMENT NUMBER: P19000024593 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BELKYS LEDESMA Name of Contact Person BELKIS TAX RETURN SERVICE INC Firm/ Company 1840 WEST 49 STREET SUITE 727 Address HIALEAH, FL 33012 City/ State and Zip Code LEDESMABELKIS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 416-3477
Area Code & Daytime Telephone Number BELKYS LEDESMA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

TO: Amendment Section

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P19000024593 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amerits Articles of Incorporation: A. If amending name, enter the new name of the corporation: BELLKIS TAN RETURN SERVICE INC The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co" hnc.," or Co., or the designation "Corp., "Inc.," or "Co", A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 727 IIIALEAH, FL 33012 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amerits Articles of Incorporation: A. If amending name, enter the new name of the corporation: BELLKIS TAX RETURN SERVICE INC The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co" inc.," or Co.," or the designation "Corp." "lnc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 3103, 6 STREET SW	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amerits Articles of Incorporation: A. If amending name, enter the new name of the corporation: BELLKIS TAX RETURN SERVICE INC The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co" Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) The state of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: BELLKIS TAX RETURN SERVICE INC The state of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: BELLKIS TAX RETURN SERVICE INC The state of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: The state of Incorporation adopts the following amerita Articles of Incorporation: BELLKIS TAX RETURN SERVICE INC. The state of Incorporation and Inco	
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(Principal office address MUST BE A STREET ADDRESS) SUITE 727 HIALEAH, FL 33012 C. Enter new mailing address, if applicable: 3103, 6 STREET SW	
C. Enter new mailing address, if applicable:	_
	_
LEHIGH ACRES, FL	
33976	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	_
Name of New Registered Agent N/A	
N/A	
(Florida street address)	
New Registered Office Address: N/A Florida N/A	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. \(\int \left(f + \left) \)	
Signature of New Registered Agent, if changing	
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 <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) LEDESMA LEDESMA 1840 WEST 49 STREET 1) X Change **SUITE 735** $_$ Add HIALEAH, FL 33012 _ Remove BELKYS LEDESMA 1840 WEST 49 STREET 2) ____ Change SUITE 727 Add HIALEAH, FL 33012 Remove N/A N/A 3) Change N/A __ Add N/A __ Remove N/A N/A N/A 4) ____ Change N/A Add N/A Remove N/A N/A N/A 5) ____ Change N/A ____ Add N/A____ Remove N/A N/A N/A 6) ____ Change N/A ___ Add N/A __ Remove

	nding or adding additional Articles, enter change(s) here; additional sheets, if necessary).— (Be specific)
	ON TO: REBEKAH WHITE
ORRECT	ING (CHANGING) TITLE (PRESIDENT) NAME TO BELKYS LEDESMA
AS OF FO	R NOW IS INCORRECT THE PRESIDENT NAME (LEDESMA LEDESMA)
ΓHIS IS A	N URGENT MATTER I AM HAVING DIFFICULTY WITH OPENING A BANK ACCOUNT FOR MY
BUSINESS	S, BECAUSE IS MISSPELLED. I WILL APPRECIATED IF THIS MATTER WILL GET RESOLVE
BY THE E	ND OF OCTOBER 31, 2020
THANK Y	OU FOR YOUR COOPERATION.
provisi	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
	
	
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	_
_	

•	06/30/2020
The date of each amendment(s) adoption date this document was signed.	, if other
06/30/2020	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not be list of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors without shareholder action and shareholde
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes east for the c	nendment(s) was/were sufficient for approval
BELKYS LEDESMA (THEI	IS ONLY ONE VOTER)
-	voting group)
10/15/2020	
Dated	
Signature Buku	2 Legitando
	esident or other officer – if directors or officers have not been
· · · · · · · · · · · · · · · · · · ·	ncorporator – if in the hands of a receiver, trustee, or other court
	ary by that fiduciary)
BELKY	S LEDESMA
	(Typed or printed name of person signing)
PRESI	ENT
	(Title of person signing)

the

the